

STATE MEDICAL ASSOCIATIONS

This department contains official notices, reports of county society proceedings and other information having to do with the state associations and their component county societies. The copy for the department is edited by the state association secretaries, to whom communications for this department should be sent. Rosters of state association officers and committees and of component county societies and affiliated organizations, are printed in the directories noted under Miscellany, on the front cover index.

CALIFORNIA MEDICAL ASSOCIATION

CLARENCE G. TOLAND.....President
ROBERT A. PEERS.....President-Elect
EMMA W. POPE.....Secretary-Treasurer

HOUSE OF DELEGATES MINUTES

Minutes of the Thirty-First Meeting of the House of Delegates of the California Medical Association

First Meeting of the House of Delegates of the Sixty-Third Annual Session

Held in the Galleria, Mission Inn, Riverside, California, Monday, April 30, 1934, at 8 p. m.

I. **Call to Order.**—The meeting was called to order by the Speaker, Edward M. Pallette of Los Angeles.

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II. **Report of the Speaker on the Personnel of the Credentials Committee and Two Reference Committees.**—The Speaker stated that the first order of business was the announcement of the members of the three committees of the House of Delegates and announced that the Credentials Committee consisted of Lemuel P. Adams, Oakland (chairman); Charles T. Sturgeon, Los Angeles; and Ruggles A. Cushman, Talmage; that the Reference Committee on Reports of Officers and Standing Committees consisted of Alson R. Kilgore, San Francisco (chairman); E. Eric Larson, Los Angeles; and Philip Stephens, Los Angeles; that the Reference Committee on Resolutions and New and Miscellaneous Business consisted of William R. Molony, Sr., Los Angeles (chairman); Philip Gilman, San Francisco; and Frederick N. Scatena, Sacramento.

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III. **Report of the Credentials Committee.**—On request of the Speaker, Lemuel P. Adams of Oakland, chairman of the Committee on Credentials, presented the report of the committee, and stated that the list of delegates and alternates had been checked and found to be correct.

On motion duly made, seconded and carried, the report of the Credentials Committee was adopted as submitted.

The Speaker stated that the members of the House of Delegates who were seated at the first meeting would serve as delegates on Wednesday evening unless a seated delegate voluntarily relinquished his seat.

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IV. **Roll Call.**—The secretary called the roll; one hundred and twenty-five out of a total of one hundred and thirty-seven members, consisting of officers, delegates and alternates, were seated and the Speaker declared a quorum present. Twelve members were absent.

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V. **Address of the President.**—The Speaker presented President George G. Reinle to the House of Delegates. Doctor Reinle addressed the delegates as follows:

Mr. Chairman—Ladies and Gentlemen:

Twelve months have passed since I addressed this body. I can honestly say that those have been the most pleasant twelve months of my life, not only because I have enjoyed the task as your president, but

also because of the splendid associations which this position entails.

My friend, Dr. Clarence G. Toland, is now about to assume the presidency and will carry on from here. I know that you will love him for himself and respect him for his high position in the medical world.

During the past year Doctor Toland has been splendidly cooperative, and his friendship I value more than I can tell you.

It has been a matter of gratification to me that we have been able to deal with our problems frankly, openly and honestly without the loss of friendship and respect one for the other. As a member of the medical profession I naturally have always had a high regard for that profession. I can say now that my respect and admiration for my fellow workers has increased a hundredfold during the last twelve months.

It is my duty at this time to speak to you briefly on various matters in connection with the State Association. One of these is medical legislation. I said at the morning session that the Committee on Legislation and Public Policy had done a big job well at Sacramento. I reiterate that statement.

To scan and weigh and analyze 3,900 separate bills introduced during the last legislative session was in itself a tremendous task. Of these bills, four hundred had some bearing on questions of public health and it was the duty of the committee to guard against the adoption of laws inimical to the public welfare.

Too much credit cannot be given to Dr. Junius B. Harris, chairman of the committee, who was obliged to practically abandon his private practice for one hundred days in order to watch this legislation.

Equally important has been the task of the legal department under Mr. Hartley F. Peart. His has been the responsibility of handling the litigation in connection with the unauthorized use of county hospitals; of assisting in the formation of a medical service plan, in itself a big job; and also of handling a wealth of legislative and other matters, including the problem of federal loans for the unnecessary increase of county hospitals.

It is unnecessary for me to emphasize the importance of the work done by the Cancer Commission of the California Medical Association. Their efforts represent the first attempt on a large scale to set down in definite form the combined experience and opinion of the profession.

I think we can say without undue exaggeration that California, through the efforts of the Commission, now holds the position of leading the country in cancer work. The report of the Commission, issued in book form, will be a priceless contribution to the profession and, of course, to the people we serve.

Public relations is becoming of increasing importance in connection with the Medical Association. Medicine today is more than ever before out in the open; and since this is true it devolves upon us to increase the scope of our public relations work.

Dr. Walter M. Dickie of the Department of Public Relations has accomplished much to this end in the last twelve months.

The County Institution Commissions seem to offer a solution to the problem of the supervision of county hospitals and clinics, and it would appear that the idea is being accepted more generally throughout the state. I believe that coöperation between component county societies and county supervisors will result in the establishment of more county institution commissions

and consequently a better supervision of county hospitals in California.

I think that all of us were deeply interested in the talks on medical economics given at the opening session. We were pleased to have with us Mr. Chester Rowell, a regent of the University of California and a newspaper editor of note, who spoke on the subject from the standpoint of the layman. It is interesting to observe that he urged that the medical profession take the lead in any state-wide plan of health insurance, whether originated by the profession itself or evolved through legislative action.

I think that most of us are thoroughly in accord with this viewpoint. Certainly if the medical profession intends to maintain the same status we have always maintained with respect to the relationship of physician and patient, we must take the lead in the formulating of any state-wide plan.

In conclusion, once again I wish to thank you, my friends and associates, for the fine, unselfish coöperation you have given during the last year. My heart is filled with gratitude toward you all. You will begin the new year under the leadership of a man of unquestioned ability, loved and respected by all, and I am sure that there is no member of our Association who will not do everything within his power to make the next year even more successful than the last.

I thank you.

GEORGE G. REINLE, *President*.

The Speaker announced that the address of the president would be referred to the Reference Committee on Reports of Officers and Standing Committees.

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VI. Report of the Council.—The Speaker stated that the next order of business would be the presentation of the report of the Council by its chairman, T. Henshaw Kelly. Doctor Kelly then presented the following report:

GENERAL ACTIVITIES

The Council of the California Medical Association met four times, as required, during the year 1933-1934 and will meet four times during this annual session—a total of eight meetings in the year.

The usual routine matters of Association business were attended to and, in addition, the year has seen medicine and all of its traditions and activities in a marked state of flux, determined, no doubt, in the main, by the immense changes in all economic and business spheres engendered by the depression and the New Deal.

Much time and thought have been given to the problems of medicine by the Council and much work has been done to enable it to offer the foundation upon which solutions of many problems may be built. There is much to report of these activities of the Council, and the chairman feels that since financial reports, membership changes and other similar matters have been published in the report of the secretary-treasurer, these will be left unmentioned upon here so as to limit the length of this report. These reports and the auditor's reports can be seen at the secretary's desk.

CORPORATE PRACTICE OF MEDICINE

Resolution No. 4 of the House of Delegates of 1933 instructed the Council to investigate the conditions of corporate practice of medicine in California and to take such action in reference thereto as it might deem proper and advisable.

The Council immediately began to study the matter and to plan such action as might be best in the circumstances.

Needless to say, a large number of concerns were (and many still are) practicing medicine illegally in the state. Numbers of these corporations were only out to mulct the people by promises of service and were quite successful in the accomplishment of their purposes.

The Council found that, despite the Painless Parker decision of the Supreme Court, the State Board of

Medical Examiners, advised by the office of the Attorney-General, was anxious to obtain a decision from the same body, based entirely upon a medical foundation and not a dental one. A suit was brought by the Board of Medical Examiners and is now in the courts, and it is the opinion of the Council that in this matter it must coöperate with the Board of Medical Examiners in awaiting a decision that can be used throughout the state. Starting proceedings on its own initiative would only complicate matters and lead the Association into indeterminate legal action and expenses, and the Council has offered its fullest coöperation to the Board of Medical Examiners and has had conferences with its representatives in furtherance of this assistance.

At the request of the Insurance Commissioner, Attorney-General Webb rendered an opinion on December 2, 1933, in which he stated that any corporation or individual furnishing hospitalization for periodic payments was engaging in insurance under the laws of California and, therefore, must comply with all of the provisions of the insurance laws of the state and be under the supervision of the Commissioner of Insurance.

Immediately the District Attorney of Alameda County began proceedings against several individuals who had been doing business outside the insurance laws and fleeing subscribers, and several of these men are now convicted and serving time.

Similar action is being taken in San Francisco.

This ruling of the Attorney-General, if enforced by the Insurance Commissioner and the District Attorneys of the State, will be of immense effect in curbing the activities of corporations and individuals whose intent is profit and not service.

The question of the illegal practice of medicine by corporations whose general intent is reasonably honest, while settled by existing cases in the opinion of our attorneys, must apparently await the decisions of the Supreme Court, which the Board of Medical Examiners is seeking and the California Medical Association can best serve by supporting the Board, the District Attorneys and the Insurance Commissioner in the prosecution of such cases as may come before them under the laws and rulings already in existence.

The Council recommends the adoption of the following resolution by the House of Delegates:

Resolved, That the House of Delegates of the California Medical Association offers the coöperation of the Association to the California State Board of Medical Examiners, to aid, by whatever means the said board may request, in the abolition of the illegal practice of medicine by lay individuals and corporations in the state of California; and be it further

Resolved, That the component county medical societies be requested to coöperate with and aid the district attorneys of their respective counties to prosecute individuals and corporations illegally furnishing medical or hospital service in California.

COUNTY HOSPITALS

The use of county hospitals by supervisors for the care of non-indigent patients has been a problem in San Joaquin, Santa Barbara, Kern, Fresno, and San Diego counties, and in 1932 a taxpayer in Santa Barbara County brought a suit to enjoin such use of the county hospital. The Association, realizing the importance of a decision in such a matter, aided in the preparation of the case and pending its hearing, the supervisors of Santa Barbara County leaned backward in enforcing definitions of indigency for admission to the hospital. A very technical defense was put up and a great amount of work was done by the local attorneys in Santa Barbara County and by the offices of our general and associate general counsel.

While the hearing of the Santa Barbara case was pending ten members of the Kern County Medical Society brought a similar suit against the Supervisors of Kern County to enjoin them from using that county hospital for any but indigent patients, and the California Medical Association lent its aid to the prosecution of this suit.

During the 1933 session of the legislature a bill was introduced from Santa Barbara County designed to open county hospitals to pay patients, but its author, Assemblyman Bliss, was willing to rewrite the bill to define indigency, with reasonable humanity and liberality, and to limit the use of county hospitals to patients coming under such a definition. However, near the end of the session, an amendment was demanded, making it obligatory for patients to pay less than the cost of their hospitalization if it were found that they could do so, and the California Medical Association, being unwilling to see this provision passed, agreed to the killing of the bill, and the litigation was continued.

By excellent work of legal counsel, a decision in favor of the plaintiffs in Kern County was rendered by Judge van Zante of Kings County, sitting at Bakersfield, and the supervisors were enjoined from using the Kern County Hospital for any but indigent patients, and they appealed the decision. They have apparently not adhered to the decision and are now cited for contempt, and to avoid this have asked the Supreme Court for a stay of execution pending this appeal, and arguments in this application are set for hearing in Los Angeles on June 5.

In Stanislaus County the Board of Supervisors apparently intends to open the County Hospital to pay patients when sufficient space can be had, and in Kern County the supervisors are pushing the "Kern County General Hospital Protective League" to continue an open county hospital, if necessary by legislation opening all county hospitals to non-indigent patients.

The Council recommends the adoption of the following resolution by the House of Delegates:

WHEREAS, There has been and is a determined effort on the part of persons within the state of California to open the doors of county hospitals to patients, regardless of their economic status; and

WHEREAS, Many taxpaying hospitals have been developed in California to care for the sick non-indigent and have large investments in their plants and service organizations that will be seriously injured or lost by competition with county hospitals; and

WHEREAS, Such use of county hospitals will add greatly to the existing tax burden in California; and

WHEREAS, The California Medical Association believes that the purpose of county hospitals is to care for the indigent sick and not to engage in the medical and hospital care of the population at large; therefore, be it

Resolved, That the Council of the California Medical Association be directed to use such efforts and resources of the Association as it may deem fit to maintain the functions of county hospitals within the limits prescribed by the present laws.

HEALTH INSURANCE

There has been, during the past year, a great interest in health and hospital insurance, particularly stimulated by the existence of the Senate Committee on Health Insurance, created by the last legislature, which committee is to study the matter of the costs of sickness and determine the advisability of some insurance plan for California.

Resolution No. 2 of the 1933 House of Delegates instructed the Council to parallel the work of the Senate Interim Committee and report to the House of Delegates at the 1934 annual session.

The Council, through a committee appointed by its authority, has maintained contact with this Senate committee and has considered carefully the course the Council should pursue in independent activity.

As late as March 29 of this year one member of the Senate committee stated publicly that the committee had not had a meeting and that the committee had no cut-and-dried plan.

However, it is highly possible that there will be enough demand made by vocal groups, often introduced into the state from without, to warrant the committee to prepare a plan for California and to submit it to the next legislature. The feeling of some is that any plan must be a compulsory one.

The Council of the California Medical Association feels that it is unwise to rush into a compulsory plan in the United States at this time. No other state has as yet felt the necessity to commit itself to such a radical step toward the solution of the problem and the systems upon which Europe depends, it believes, are not applicable to this country.

The Council is of the opinion that a voluntary plan will offer to the people of California the opportunity to reduce the individual cost of sickness and that the complaint that this cannot be done will no longer hold. Then certainly some time can be taken to determine whether it is vital to the health of California that the care of the sick be surrendered to the politicians because, regardless of what any may say to the contrary and from whence the money comes to support a compulsory plan, as soon as the plan is made compulsory by law a governmental agency must be set up to control.

In the United States of America governmental agencies are political and their complexion and motives are not always suited to the greatest good of the greatest number.

The Council recommends that this parallel study be continued, funds being provided for it if necessary, and that consultation and coöperation be had with the Senate committee to the end that a satisfactory solution of the problems involved may be had.

HOSPITALIZATION PLANS

The Council, after the most earnest thought and discussion, believing that the foundation upon which a solution of the problem of reducing the individual cost of illness could be built is a means of buying necessary hospitalization by periodic payments while well, instructed the general counsel of the Association to develop the organization of a plan which could be used as a basis for county organizations as approved by the Council in September, 1932.

After intense work such an organization was developed by the general counsel and members of the Alameda County Society, and in several other counties in the state plans were in abeyance awaiting the completion of the type of organization to be formed.

At this time the Attorney-General on December 2, 1933, rendered an opinion at the request of the Insurance Commissioner, stating that any individual or corporation selling hospitalization on periodic payment plans was doing an insurance business and must comply with all the provisions of the insurance laws and be supervised by the Insurance Commissioner.

This required an immediate review of the whole projected type of hospitalization plans because the amount of capital necessary, under the insurance laws, to form and operate a series of individual county society units was impossibly large, and after consultation with members of the Attorney-General's staff, it was deemed wise to comply with the insurance laws and not to seek exceptions.

The Council is of the opinion that if medicine in California is not to be forced into political solutions of the practice of medicine, it must offer a constructive plan to lessen the burden laid upon people by illness, believing that the development as rapidly as possible of a state-wide plan of hospitalization based upon small periodic payments is the basic need now and is the foundation upon which a complete health service can be built, directed that the plan be modified so that a state-wide organization could be produced.

The recommended type of organization is an insurance company on an assessment basis, doing business throughout the state through local administrative boards that will be composed of members selected by the component county societies—a majority—and members selected by the participating hospitals in the respective counties—a minority. Two or more counties, if desired, could be grouped into districts for the operation of the plan.

The state-wide corporation would have members selected from the officers of the California Medical Association and for the district or county administrative boards, and the California Medical Association

would appropriate the necessary capital to cover the requirements of the law and, if necessary, advance a small reserve, and each district would raise a small working capital based upon its size and probable business.

The corporation through its district administrative boards contracts with approved hospitals for hospital service and sells beneficiary certificates entitling the holder to hospitalization on a broad basis of coverage.

Fuller details are given in the general counsel's report.

The Council believes that the development of this plan throughout the counties of the state, as soon as is practicable, offers the beginning of a plan by which the medical profession can begin the solution of the modern costs of illness to patients and will obviate the questionable need of rushing into uncertain legislative experiments in the matter.

The Council recommends the adoption by the House of Delegates of the following resolution:

WHEREAS, It is desirable and possible for the California Medical Association to establish a plan and method of reducing the cost of illness and injury by causing the organization of an insurance corporation under the laws of the State of California to provide hospital service on a periodic payment basis, and to defray the cost of necessary anesthetic, laboratory and x-ray services to patients while hospitalized; and

WHEREAS, Such a corporation can and should be formed in full cooperation with ethical accredited hospitals; and

WHEREAS, The inauguration of such a service will constitute a truly progressive solution of many vexatious economic problems affecting the public welfare, and can be instituted without state aid, increase of taxes, or injurious results to the public health or scientific medicine; now, therefore, be it

Resolved, That the Council of the California Medical Association be, and it is hereby authorized and empowered to cause the organization of an insurance corporation under the laws of the State of California, to provide hospital service, and if the Council so determines, to defray the cost of said limited medical service to patients while hospitalized, without capital stock and with such incorporators, name, additional purposes, county where the principal office for the transaction of business is to be located, first directors, authorized number and qualifications of members, classes of membership, property, voting and other rights and privileges of each class of membership, liability of each and all classes to dues and assessments, and other provisions of its Articles of Incorporation, and By-Laws, as the Council shall prescribe, fix and determine; and be it further

Resolved, That there is hereby appropriated for the purposes hereof such sums and securities of this Association, whether held by the Association or by Trustees Of The California Medical Association, not exceeding the amount or value of \$35,000, as the Council may deem advisable or necessary to expend in carrying out the provisions hereof; and be it further

Resolved, That the Council is hereby authorized and empowered to take all such steps and proceedings, and to do any and all acts or things necessary in the name of this Association or otherwise, to carry this resolution into effect.

EMERGENCY RELIEF

In August, 1933, the California State Emergency Relief Administrator requested the cooperation of the California Medical Association in the formulation of plans for its medical care of the unemployed on relief by the physicians of California, under the principles laid down in Rules and Regulations No. 7 of the Federal Emergency Relief Administrator, which said that reasonable fees should be paid for home and office care, that as far as possible the patient-physician relationship should be maintained, and that existing clinic facilities should not be disturbed.

A tentative plan including a fee schedule was drafted in advance of the receipt of Rules and Regulations No. 7, and its principles were approved by the Executive Committee at a meeting on August 19, 1933, and

a committee appointed with power to act to place a plan in operation.

When the plan was accepted by the relief administrator, copies of it were sent to each component county society's secretary and these were advised to make contact with their county emergency relief committees.

In San Diego and Los Angeles counties, plans were immediately set afoot to care for the transient unemployed on relief, but in many of the other counties nothing much has been done because the federal funds which were supposed to be available to the counties were diverted to the CWA and county relief committees hesitated to adopt a plan which would add to their costs when no additional funds were obtainable from federal sources.

The CWA immediately upon its organization presented quite a problem, in so far as "industrial accidents" were concerned. It was ruled by the Federal Government that these patients should be taken care of by the United States Employees' Compensation Commission, and it began to use its designated physicians throughout the state and ruled that where federal physicians and hospitals were available these should care for injured CWA workers.

The Commission later ruled that all reputable physicians should be eligible to care for these patients, and in many communities this was done.

The criticism that can be made of the whole matter is that there are far too many agencies involved and far too many and rapid changes of policy and plans. No doubt an honest effort is being made to best solve the problem of the unemployed, but there is an enormous waste of time and effort in conferences, meetings, discussions, and paper work, because while these are going on, somewhere further up the line someone has changed his mind about the problem at issue.

At the present time it seems, from available information, that very few physicians have actually received any money for work they have done under any of these plans.

In order to develop an orderly plan in California the Council recommends the adoption of the following resolution by the House of Delegates:

WHEREAS, There has been considerable delay in the development of medical care under the Federal Emergency Relief plans because of the lack of any coördinative agency with sufficient authority to act in the medical field; and

WHEREAS, The Federal Government has recognized organized medicine as the agency through which the developments of this care should come; and

WHEREAS, It is necessary to have an agency in California and in the California Medical Association that can act rapidly and with authority in the development and coördination of plans for the medical care of unemployed on relief receiving federal funds; therefore be it

Resolved, That a committee of three be appointed by the Speaker from the membership of the California Medical Association, this committee to study the whole matter of the medical care of unemployed on relief under Federal Emergency Relief plans and to take such steps as it deems advisable to develop in California a central medical authority that shall have the power to develop and coördinate such medical care and its auxiliary services in all of the counties of California so that a coherent plan shall be maintained and operated; and be it further

Resolved, That the Council be authorized and empowered to defray the necessary traveling and other expenses of this committee.

LEGISLATION

The Council has considered from time to time the coming session of the legislature and urges upon the component county medical societies the necessity of maintaining friendly contact with the senators and assemblymen of their respective districts in order that these may be kept informed upon measures beneficial or inimical to the public health and the welfare of medicine in California.

BASIC SCIENCE INITIATIVE

The Special Committee will report on this, through Doctor Kress, its chairman.

COMMITTEE ON SURVEY OF EXPENDITURES

The Special Committee will report through Doctor Roblee, its chairman.

ANNUAL ASSESSMENT

The Council, after consideration of the activities of the Association, present and future, and the report of its committee on the expenditures of the Association, recommends that the dues for the year 1935 be fixed at \$10.

REDISTRICTING FIRST AND THIRD COUNCILOR DISTRICTS

Since the San Bernardino County Medical Society could be more efficiently served if the county were placed in the first district, comprising Imperial, Orange, Riverside, and San Diego counties, instead of the third district as it now is, the Council recommends the redistricting of the first district to include Imperial, Orange, Riverside, San Bernardino, and San Diego counties, and the third district to include Kern, San Luis Obispo, Santa Barbara, and Ventura counties, provided that this change is mutually agreeable to all county medical societies concerned.

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The Speaker stated that the report of the Council would be referred to the Committee on Reports of Officers and Standing Committees, but that the resolutions contained therein would go to the Reference Committee on Resolutions and New and Miscellaneous Business.

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VII. Report of the Committee on Survey of Activities and Expenditures of the Association.—At the request of the Speaker, William W. Roblee, chairman of the Council's Committee on a Survey of the Activities and Expenditures of the Association, submitted the following report:

Upon being notified of the appointment of the Committee on Activities and Expenditures, the chairman assigned certain subjects to the individual members for investigation, and at the meeting of the committee held Sunday evening, April 29, reports were made and discussed.

The committee reports as follows:

The secretary of the Association reports a very satisfactory renewal of memberships to date. Total memberships are greater than at this date last year, and we can see no reason why any diminution of income should occur this year. We feel that it is safe to budget our expenditures on the basis of last year's income.

We note with much gratification that the recommendations made by the Survey Committee and adopted by the House of Delegates at the last annual session have been largely carried out, with a resultant saving of nearly \$10,000. These economies and careful business management on the part of those responsible for Association expenditures have enabled it to finish the fiscal year with only a deficit of \$211, although some large items of unbudgeted expense have been incurred and paid.

Because of the very close survey and budgeting carried out last year, your committee has very few recommendations to offer for the coming year.

We concur in the recommended budget presented to the Council by the Budget Committee, and attached hereto, except for two minor additions, viz.:

In view of the cheerful assumption of extra work by the three clerical assistants in the main office whereby the force has been reduced from four to three in number, we recommend a \$10 increase instead of the 5 per cent proposed in the budget submitted. We recommend a \$15 monthly increase in the salary of Miss Mickle, who is now the stenographer for both

the Public Relations Department and the Cancer Commission.

The chairman of the Committee on Public Policy and Legislation estimates the needs of this committee for the coming year at \$2,500. His experience and judgment should be followed in this matter and we recommend this sum instead of \$2,191.20 that has been budgeted and that an additional amount be allowed this committee if in the course of its work during the coming session of the Legislature the Council deems additional expenditure necessary.

There have been occasions during the past year when the Council has been urgently requested by county societies to reimburse them for expenditures for legal services which were contracted without authorization by either the Executive Committee or the Council. We feel that the compliance with such demands, under any circumstances, sets a bad precedent and that the component county societies should be notified that hereafter such requests will be denied.

In view of the fact that the new provisions for handling the matter of hospital insurance and other economic problems, apparent and prospective, will without doubt entail radical readjustments of personnel, we recommend that all executive salary contracts be on a monthly basis and that the Council be authorized to make such adjustments in personnel as in its judgment are necessary.

Respectfully submitted,

(Signed) W. W. ROBLEE
ROBERT A. PEERS
N. N. BROWN
PHILIP STEPHENS

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The Speaker stated that Doctor Roblee's report was a supplemental report to the report of the Council and would be referred to the Committee on Reports of Officers and Standing Committees.

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VIII. Report of the Auditing Committee.—The Speaker stated that the next order of business would be the report of the Auditing Committee. Karl L. Schaupp of San Francisco, chairman of the committee, stated that the complete audit of the Association's finances had been published in the Pre-Convention Bulletin¹ in the April issue of CALIFORNIA AND WESTERN MEDICINE, and a copy was on file at the secretary's desk for the information of members. Doctor Schaupp then read an estimated budget for the year 1934.

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The Speaker stated that the report of the Auditing Committee would be referred to the Reference Committee on Reports of Officers and Standing Committees.

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IX. Report of the Secretary-Treasurer.—The Speaker stated that the report of the secretary-treasurer had been published in the Pre-Convention Bulletin² and would be referred to the Committee on Reports of Officers and Standing Committees.

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X. Report of the Editor.—The Speaker stated that the report of the editor as published in the Pre-Convention Bulletin³ would be referred to the Reference Committee on Reports of Officers and Standing Committees.

Doctor Kress explained briefly the policies of the JOURNAL and stated that at present the number of papers from the preceding annual session, awaiting publication, was less than at any previous time since he had become editor of the JOURNAL.

¹ See Pre-Convention Bulletin, CALIFORNIA AND WESTERN MEDICINE, April, p. 291.

² See Pre-Convention Bulletin, CALIFORNIA AND WESTERN MEDICINE, April, p. 290.

³ See Pre-Convention Bulletin, CALIFORNIA AND WESTERN MEDICINE, April, p. 293.

XI. Report of the General Counsel.—At the request of the Speaker, General Counsel Peart submitted a detailed report on the work of the legal department. Mr. Peart outlined the work of the department in relation to the corporate practice of medicine; medical and hospital service plans, county hospital problems, and federal codes and emergency relief.

The Speaker stated that the report of the legal department as submitted by the general counsel would be referred to the Reference Committee on Reports of Officers and Standing Committees.

XII. Report of the Committee on Public Relations.—The Speaker stated that the next order of business would be the report of the Committee on Public Relations by the chairman, Charles A. Dukes of Oakland. Doctor Dukes stated that the report of the committee was published in the Pre-Convention Bulletin⁴ and that the only further statement he wished to make was to urge the establishment of county institutions commissions in the various counties.

The Speaker stated that the report of the Committee on Public Relations would be referred to the Reference Committee on Reports of Officers and Standing Committees.

XIII. Report of the Cancer Commission.—The Speaker stated that the report of the Cancer Commission would be submitted by Charles Dukes, chairman, who stated that the report had been published in the Pre-Convention Bulletin.⁵ The Speaker then referred the report to the Reference Committee on Reports of Officers and Standing Committees.

XIV.—Report of the Trustees Of The California Medical Association.—Upon request of the Speaker, the president of the Trustees Of The California Medical Association, T. Henshaw Kelly, submitted a report on the corporation.

The Speaker stated that the report of the Trustees Of The California Medical Association would be referred to the Reference Committee on Reports of Officers and Standing Committees.

XV. Report of the Special Committee on the Basic Science Law.—George H. Kress, chairman of the Special Council Committee on the Basic Science Law, upon request of the Speaker, submitted the following report:

To the President and the House of Delegates:

... In California the citizens have seen fit to provide three separate licensing boards for healing art practitioners. The nonsectarian or so-called old school or regular physicians and surgeons are licensed by the Board of Medical Examiners through laws passed by legislatures and commencing as far back as 1871. The osteopathic and chiropractic practitioners are licensed by separate boards through laws enacted by initiative vote of the people.

As regards preliminary education of these groups, the nonsectarian physicians and surgeons, in addition to four years of medical training, must first have possessed three years of preliminary education of collegiate standard. The osteopathic group enforces a full high school and some collegiate training. It is not known how much of a real high school education is enforced by the chiropractors. Probably not much, so far as real enforcement is concerned. ...

It is a significant fact that every new cult of sectarian practitioners launches itself with large student bodies, most of whose members possess little more than a common school training, even though nearly always burning with ambition to be "doctors." A sectarian group with standards as low or lower than those of the chiropractors is again making a strenuous effort

to secure, through initiative vote of the citizens, the sanction of the state of California to launch a new mass of cultist practitioners on the public. ... It becomes the duty of all California citizens who believe in decent educational standards for so responsible a profession as that of the healing art to take stock of the situation which faces our State in this year 1934. In such stock-taking, nonsectarian practitioners, because of their superior training, have special obligations to their lay fellow citizens. So, also, has the mouthpiece of organized, scientific medicine, the California Medical Association, a very special responsibility in all this.

The California Medical Association must decide questions, therefore, such as the following:

1. Shall, or shall not, a new cultist group, with inferior educational training qualifications, be permitted, without opposition, to secure the state's legal sanction by means of which several thousand additional cultists and practitioners, probably poorly trained, would be thrown upon the public as "doctors," to practice particularly among that portion of our citizenship least able to afford the diagnostic and therapeutic mistakes so often manifest in the work of poorly educated and inadequately trained practitioners.

2. If opposition to the passage of such a law is to be made, what plans can be suggested that would offer the best method of nullifying such a cultist act, and others likewise, which, in all probability, judging by past experience, may be expected to be brought forward in the future.

3. What part should the California Medical Association, directly or indirectly, desire to take in opposing a law that would sanction the licensing of such poorly trained sectarian practitioners of the healing art?

Assuming now, that the members of the California Medical Association hold that organized scientific medicine owes it to itself and to the state to protect lay citizens from poorly trained practitioners, and that one of the best proved means of nullifying the efforts of low standard cults, is through the enactment of a basic science, or qualifying certificate law, let us consider some of the problems which will arise when the passage of such a healing art law is placed before the people for their ballots.

First, as regards the basic science or qualifying certificate law. This has been discussed in CALIFORNIA AND WESTERN MEDICINE since the year 1930, the references being given on page 211 of the issue for March, 1934. ...

In the plan outlined in the March CALIFORNIA AND WESTERN MEDICINE, the board of five examiners would come from the liberal arts faculties of the University of California, Stanford University, Santa Clara University, the University of Southern California, and the California Institute of Technology. ...

The five subjects can be taken from the following: English, physiology, chemistry, anatomy, botany, zoology, biology, and physics. ...

The standard of knowledge required is that required for entrance into college (that is, a four-year high school knowledge). ...

It would also be necessary to decide whether the qualifying certificate should be obtained, prior to matriculation, in a healing art school, or only prior to taking the examination for legal licensure (that is, after graduation from a healing art school). ...

In what form, then, shall the basic science or qualifying certificate law be presented to the electorate? The law can either be enacted by the legislature, which will convene on January 2, 1935, or by initiative vote of the people on November 6, 1934; but such a proposed initiative law must have its petition with 111,000 or more signatures, all attested and filed prior to July 18, 1934, which is only seventy days from now. ...

So that, if a qualifying certificate law is now to come into existence in California, so worded as to be applicable to the three groups already legalized (*i. e.*, the regulars, the osteopaths and the chiropractors) and also to the proposed naturopathic initiative laws or those of any other cult of the future, it would be necessary for the California Medical Association to decide on its course of action at once. In this particu-

⁴ See Pre-Convention Bulletin, CALIFORNIA AND WESTERN MEDICINE, April, p. 301.

⁵ See Pre-Convention Bulletin, CALIFORNIA AND WESTERN MEDICINE, April, p. 302.

lar problem which faces us, if action is to be taken at all, it may be stated that time is part of the essence of the contract.

Respectfully submitted,

SPECIAL COMMITTEE ON QUALIFYING CERTIFICATE
LAW. By George H. Kress, *Chairman*.

The Speaker stated that the report of the Special Committee, being new business, would be referred to the Reference Committee on Resolutions and New and Miscellaneous Business.

* * *

XVI. Unfinished Business:

(a) *Amendments to the Constitution*.—The Speaker stated that at the last annual session three amendments to Article X, Sections 1, 4, and 15 had been submitted to provide for the set-up of the Committee on Public Relations.

The secretary stated that each of the following amendments were introduced by T. Henshaw Kelly at the 1933 House of Delegates and had been published twice in separate issues of CALIFORNIA AND WESTERN MEDICINE (June and December, 1933), and read as follows:

ARTICLE X

Officers

Section 1. Officers. The officers of this Association shall be a president, a president-elect, a secretary-treasurer, a speaker of the House of Delegates, a vice-speaker of the House of Delegates, an editor, **the chairman of the Committee on Public Relations*, and fifteen councilors (six of the fifteen councilors being elected as at large, and nine from councilor districts, as herein provided).

ARTICLE X

Section 4. Officers as Ex-Officio Members of Council.

The president, president-elect, and speaker of the House of Delegates, **and the chairman of the Committee on Public Relations* shall be ex-officio members of the Council, with all the rights of councilors.

The secretary-treasurer and the editor shall also be ex-officio members of the Council, but shall not have the right to vote; provided, that a secretary-treasurer or an editor who is not a member of the Association shall not be an ex-officio member of the Council.

ARTICLE X

**Section 15. Election, Term of Office and Duties of the chairman of the Committee on Public Relations.*

The election, term of office and duties of the chairman of the Committee on Public Relations shall be provided in the By-Laws.

On motion of Langley Porter of San Francisco, seconded by T. Henshaw Kelly of San Francisco, the amendments to Article X, Sections 1, 4, and 15 were unanimously adopted.

* * *

XVII. **New Business**.—The Speaker stated that the next order of business would be the presentation of new business and resolutions.

RESOLUTIONS

T. Henshaw Kelly of San Francisco presented the following resolutions which had been included and read in the report of the Council:

Resolution No. 1, Coöperation with Board of Medical Examiners.⁶—Recommended by the Council as follows:

Resolved, That the House of Delegates of the California Medical Association offers the coöperation of the Association to the California State Board of Medical Examiners, to aid, by whatever means the said Board may request, in the abolition of the illegal practice of medicine by lay individuals and corporations in the state of California; and be it further

Resolved, That the component county medical societies be requested to coöperate with and aid the

⁶ Amendments are placed in italics.

⁸ Resolution No. 1 as submitted by the Council was divided into two resolutions and submitted as Resolutions No. 1 and No. 2 by the Reference Committee. See second House of Delegates meeting for amended resolutions and action thereon.

district attorneys of their respective counties to prosecute individuals and corporations illegally furnishing medical or hospital service in California.

Resolution No. 2.⁶ (See footnote.)

Resolution No. 3, Use of County Hospitals.⁷—Recommended by Council as follows:

WHEREAS, There has been and is a determined effort on the part of persons within the state of California to open the doors of county hospitals to patients regardless of their economic status, and

WHEREAS, Many taxpaying hospitals have been developed in California to care for the sick non-indigent and have large investments in their plants and service organizations that will be seriously injured or lost by competition with county hospitals, and

WHEREAS, Such use of county hospitals will add greatly to the existing tax burden in California, and

WHEREAS, The California Medical Association believes that the purpose of county hospitals is to care for the indigent sick and not to engage in the medical and hospital care of the population at large; therefore, be it

Resolved, That the Council of the California Medical Association be directed to use such efforts and resources of the Association as it may deem fit to maintain the functions of county hospitals within the limits prescribed by the present laws.

Resolution No. 4, Hospitalization Plan.⁸—Recommended by Council as follows:

WHEREAS, It is desirable and possible for the California Medical Association to establish a plan and method of reducing the cost of illness and injury by causing the organization of an insurance corporation under the laws of the state of California to provide hospital service on a periodic payment basis, and to defray the cost of necessary anesthetic, laboratory and x-ray services to patients while hospitalized; and

WHEREAS, Such a corporation can and should be formed in full coöperation with ethical accredited hospitals; and

WHEREAS, The inauguration of such a service will constitute a truly progressive solution of many vexatious economic problems affecting the public welfare, and can be instituted without state aid, increase of taxes, or injurious results to the public health or scientific medicine; now, therefore, be it

Resolved, That the Council of the California Medical Association be, and it is hereby authorized and empowered to cause the organization of an insurance corporation under the laws of the state of California, to provide hospital service, and if the Council so determines, to defray the cost of said limited medical service to patients while hospitalized, without capital stock and with such incorporators, name, additional purposes, county where the principal office for the transaction of business is to be located, first directors, authorized number and qualifications of members, classes of membership, property, voting and other rights and privileges of each class of membership, liability of each and all classes to dues and assessments, and other provisions of its Articles of Incorporation, and By-Laws, as the Council shall prescribe, fix and determine; and be it further

Resolved, That there is hereby appropriated for the purposes hereof such sums and securities of this Association, whether held by the Association or by Trustees Of The California Medical Association, not exceeding the amount or value of \$35,000, as the Council may deem advisable or necessary to expend in carrying out the provisions hereof; and be it further

Resolved, That the Council is hereby authorized and empowered to take all such steps and proceedings, and to do any and all acts or things necessary in the name of this Association or otherwise, to carry this resolution into effect.

⁷ See second House of Delegates meeting for amended resolutions and action thereon.

⁸ See second House of Delegates meeting for amended resolutions and action thereon.

Resolution No. 5, Federal Emergency Relief.⁹—Recommended by Council as follows:

WHEREAS, There has been considerable delay in the development of medical care under the federal emergency relief plans because of the lack of any coördinative agency with sufficient authority to act in the medical field, and

WHEREAS, The Federal Government has recognized organized medicine as the agency through which the development of this care should come, and

WHEREAS, It is necessary to have an agency in California and in the California Medical Association that can act rapidly and with authority in the development and coördination of plans for medical care of unemployed on relief receiving federal funds; therefore be it

Resolved, That a committee of three be appointed by the Speaker from the membership of the California Medical Association, this committee to study the whole matter of the medical care of unemployed on relief under federal emergency relief plans and to take such steps as it deems advisable to develop in California a central medical authority that shall have the power to develop and coördinate such medical care and its auxiliary services in all of the counties of California so that a coherent plan shall be maintained and operated; and be it further

Resolved, That the Council be authorized and empowered to defray the necessary traveling and other expenses of this committee or its agents.

‘ ‘ ‘

Resolution No. 6, Basic Science Law.¹⁰—Recommended by Council as follows:

Resolved, That the Council of the California Medical Association be directed and empowered to do all those things and expend such funds of the California Medical Association as it may deem necessary to secure the adoption of an initiative Basic Science Act by the electors of California at the fall election in 1934 with such provisions contained in the act as the Council may determine.

‘ ‘ ‘

The Speaker stated that the six foregoing resolutions would be referred to the Committee on Resolutions and New and Miscellaneous Business.

‘ ‘ ‘

Resolution No. 7, Medical Guild.¹¹—Submitted by Irving S. Ingber of San Francisco at request of Randolph G. Flood of San Francisco, as follows:

WHEREAS, The medical profession is at present facing a definite economic crisis due partly to the inability of any organization properly to control the unethical activities of a small minority, with the result that the entire profession is being exploited; and

WHEREAS, There is a tendency at this time on the part of political groups to take away the control of the practice of medicine from the profession where it rightfully belongs; and

WHEREAS, The entire medical profession is too loosely bound to combat effectively these tendencies; therefore be it

Resolved, (1) That a Medical Guild Corporation of California be formed, the function of which shall be purely executive and which will not replace or encroach upon the functions of the present California Medical Association except as outlined herein.

(2) That it shall be compulsory for all practitioners to be members of this Guild and pay dues to it as they do at present to the Board of Medical Examiners. The amount to be determined later.

(3) That the Guild Corporation be governed by a Board of Medical Governors which shall be elected by popular ballot of the active members of said Guild.

(4) That the present Medical Practice Act of California be amended to include a modified code of med-

⁹ See second House of Delegates meeting for action on resolution.

¹⁰ See second House of Delegates meeting for amended resolution and action thereon.

¹¹ See second House of Delegates meeting for amended resolution and action thereon.

ical ethics emphasizing particularly the corporate practice of medicine and the rebating and splitting of fees.

(5) That the present Medical Practice Act be further amended to the extent that the Board of Medical Governors shall have the sole power to issue and revoke all licenses to practice in this state and, further, to grant to the said Board of Governors the right to bring a defendant charged by them of violation of the amended Medical Practice Act directly into the Supreme Court where said defendant shall be tried without jury and denied the right of appeal.

(6) That this House of Delegates approve these recommendations and request the president of the Association to appoint a committee of three to incorporate into a finished instrument the above resolutions and further grant this committee the privilege to draw upon the treasury of the state society to the extent of any legal fees they may assume.

(7) That when the committee has completed the final details of the act, which shall include all of the above suggestions, the completed instrument be returned to the various county groups for approval before it is introduced as an initiative or legislative measure as the committee may recommend.

‘ ‘ ‘

The Speaker stated that the foregoing resolution on a Medical Guild would be referred to the Reference Committee on Resolutions and New and Miscellaneous Business.

‘ ‘ ‘

Resolution No. 8, Special Survey Committee of Five.¹²—Submitted by Irving Ingber of San Francisco at the request of the San Francisco delegation, as follows:

Resolved, That a committee be, and hereby is constituted, consisting of two members of the Council to be appointed by the chairman of the Council, and three members of the House of Delegates to be appointed by the Speaker of the House, whose duty shall be the consideration of health insurance.

Resolved, That this committee shall be instructed to conduct an adequate study and survey of the problem as it applies to California and to formulate a plan for the administration of health insurance and to prepare a bill for suitable legislation which may be available for presentation in the 1935 session of the California State Legislature.

Resolved, That the Council be, and is hereby instructed, to appropriate funds sufficient to employ adequate and competent technical and legal assistance and advice for the purpose of this committee.

‘ ‘ ‘

The Speaker stated that the resolution on health insurance would be referred to the Reference Committee on Resolutions and New and Miscellaneous Business.

‘ ‘ ‘

Resolution No. 9, Physicians Appearing on Radio Programs.¹³—R. E. Ramsay of Pasadena presented the following resolution:

WHEREAS, The practice of physicians appearing on advertising radio programs under a pseudo scientific pretense is becoming far too prevalent; and

WHEREAS, This practice is subversive of the best interests of the public and the profession; therefore be it

Resolved, That the House of Delegates of the California Medical Association establish and promulgate a rule of professional conduct in the premises.

‘ ‘ ‘

The Speaker stated that the foregoing resolution on radio broadcasting would be referred to the Reference Committee on Resolutions and New and Miscellaneous Business.

¹² See second House of Delegates meeting for action on resolution.

¹³ See second House of Delegates meeting for amended resolution and action thereon.

Resolution No. 10, Practice of Radiology in Hospitals.¹⁴—Leo Henry Garland of San Francisco presented the following resolution:

WHEREAS, It is to the interest of the public and to the interest of every medical man to preserve the rights of physicians in the practice of his profession; and

WHEREAS, Any infringement on these rights which develops, knowingly or unknowingly, is a potential danger to every member of organized medicine, as well as to those directly involved; and

WHEREAS, A condition has gradually developed in connection with the practice of medicine, radiology, in hospitals, whereby the hospital, a corporation, is practicing medicine instead of the roentgenologist, a licensed physician and surgeon; and

WHEREAS, A precedent is thereby offered for the practice of other branches of medicine and surgery by the hospital and by corporations in general; and

WHEREAS, It is believed by this House that such practice is detrimental to the best interests of the patient, the hospital, and the medical profession; now, therefore, be it

Resolved, That this House directs the Executive Committee of the Council of the California Medical Association to appoint a committee of three, one of whom shall be a recognized roentgenologist, whose duty it shall be:

(a) To contact the executive committees of the various Western Hospital Associations in order, singly and/or jointly,

(b) To study the exact relations existing between each and every hospital x-ray department and the radiologist in charge thereof, and

(c) To suggest to the physician and hospital involved the means of arriving at a mutually satisfactory and honorable agreement, thereby relieving the institution of the charge of practicing medicine; and be it further

Resolved, That the secretary of the California Medical Association be instructed to transmit copies of this resolution to the secretaries of all component county medical societies; to all hospital superintendents, to the medical executive committees of the hospitals, and to all directors of public health departments in the state of California.

The Speaker stated that the foregoing resolution on the practice of radiology in hospitals would be referred to the Reference Committee on Resolutions and New and Miscellaneous Business.

Resolution No. 11, Practice of Pathology in Hospitals.¹⁵—George D. Maner of Los Angeles presented the following resolution on the practice of pathology in hospitals:

WHEREAS, It is to the interest of the public and to the interest of every medical man to preserve the rights of physicians in the practice of his profession; and

WHEREAS, Any infringement on these rights which develops, knowingly or unknowingly, is a potential danger to every member of organized medicine, as well as to those directly involved; and

WHEREAS, A condition has gradually developed in connection with the practice of medicine (pathology) in hospitals whereby the hospital, a corporation, is practicing medicine, instead of the pathologist, a licensed physician and surgeon; and

WHEREAS, A precedent is thereby offered for the practice of other branches of medicine and surgery by the hospital and by corporations in general; and

¹⁴ Resolution No. 10 and Resolution No. 11 were combined by the Reference Committee. See second House of Delegates meeting for amended resolution and action thereon.

¹⁵ Resolution No. 10 and Resolution No. 11 were combined by the Reference Committee. See second House of Delegates meeting for amended resolution and action thereon.

WHEREAS, It is believed by this House that such practice is detrimental to the best interests of the patient, the hospital, and the medical profession; now, therefore, be it

Resolved, That this House directs the Council of the California Medical Association to appoint a committee of three, one of whom shall be a recognized pathologist, whose duty it shall be:

(a) To contact the executive committees of the various Western Hospital Associations in order, singly and/or jointly,

(b) To study the exact relations existing between each and every hospital pathology department and the pathologist in charge thereof, and

(c) To suggest to the physician and hospital involved the means of arriving at a mutually satisfactory and honorable agreement, thereby relieving the institution of the charge of practicing medicine; and be it further

Resolved, That the secretary of the California Medical Association be instructed to transmit copies of this resolution to the secretaries of all component county medical societies; to all hospital superintendents, to the medical executive committees of the hospitals, and to all directors of public health departments in the state of California.

The Speaker stated that the foregoing resolution on the practice of pathology in hospitals would be referred to the Reference Committee on Resolutions and New and Miscellaneous Business.

Resolution No. 12, Dual X-Ray Fee Schedule.¹⁶—John Hunt Shephard of San Jose presented the following resolution on the dual fee schedule for x-ray work for the Industrial Accident Commission:

WHEREAS, The State Industrial Accident Commission has seen fit to promulgate two fee schedules for x-ray examinations of injured employees treated under the Workmen's Compensation Act of the state of California; and

WHEREAS, The insurance companies writing compensation insurance in California have followed the example of the State Industrial Accident Commission; and

WHEREAS, Such arbitrary action on the part of the Industrial Accident Commission is inimical to the welfare of employees and the medical profession; and

WHEREAS, Such action on the part of the State Industrial Accident Commission must be interpreted as the initial step of a policy which eventually will lead to a complete disruption of the accepted minimum fee schedule for the care of injured employees under the Workmen's Compensation Act; therefore be it

Resolved, By the House of Delegates of the California Medical Association at its sixty-third annual session held at Riverside, California, that the Council of the California Medical Association be and is hereby directed, through its Executive Committee, to hold a conference with the officers of the State Industrial Accident Commission for the purpose of calling to their attention the impropriety of making any change in said minimum fee schedule without first consulting with and obtaining the consent of the Council of the California Medical Association; and be it further

Resolved, That if the officers of the Industrial Accident Commission refuse to dispense with the double fee schedule for x-ray examination of injured employees protected under the Workmen's Compensation Act of the state of California, the Council of the California Medical Association shall, in that event, appeal to the directors of the Industrial Accident Commission for an order restraining the State Industrial Accident Commission and all insurance companies writing compensation insurance in the state of California, from promulgating or attempting to promulgate any

¹⁶ See second House of Delegates meeting for amended resolution and action thereon.

changes in the minimum fee schedule for services rendered employees under the Workmen's Compensation Act of the state of California without first obtaining the consent of the Council of the California Medical Association to any such proposed change.

The Speaker stated that the foregoing resolution on the dual fee schedule would be referred to the Reference Committee on Resolutions and New and Miscellaneous Business.

Resolution No. 13, Relationship of Press and Medical Profession.¹⁷—LeRoy Brooks of San Francisco presented the following resolution on the relationship of the press to the medical profession:

Resolved, That it is the sense of the House of Delegates that the Council should instruct the component county societies to establish a closer relationship between the press and the medical profession.

The Speaker stated that the foregoing resolution on the relationship of the press to the medical profession would be referred to the Reference Committee on Resolutions and New and Miscellaneous Business.

(b) **Amendments to the Constitution and By-Laws.**¹⁸—T. Henshaw Kelly of San Francisco, on behalf of the Council, submitted the following amendment to the By-Laws:

Resolved, That the By-Laws be amended by adding thereto a new chapter to be numbered XIII, reading as follows:

"Chapter XIII. Corporations. To further aid in carrying out the objects of the Association the House of Delegates at any meeting at any regular or special session thereof, may by a two-thirds vote of the membership thereof present and acting, authorize, empower and direct the Council to cause the formation and organization of one or more corporations under the laws of the state of California with such incorporators, name, purposes, county where the principal office for the transaction of business is to be located, first directors, the total number of shares, the aggregate par value if any of all shares, classes of shares, par value of any shares having par value, statement of the provisions, privileges and restrictions granted or imposed upon the respective classes of shares, or if the corporation be formed without capital stock, the authorized number and qualifications of its members, the different classes of members, if any, the property, voting and other rights of each class of members and the liability of each and all classes, to dues or assessments, and with such further provisions in the articles of incorporation thereof and with such by-laws as the Council shall prescribe, fix and determine; and the House of Delegates at any meeting of any regular or special session thereof may by a vote of two-thirds of the members thereof present and acting, authorize, empower and direct the Council to grant, assign, transfer, convey or deliver or cause to be granted, assigned, transferred, conveyed or delivered to any of such corporations upon the formation thereof or to applicants for health and accident or other insurance in or from any of said corporations at or prior to the formation thereof without any consideration therefor, such funds and property, real or personal, of this Association as the House of Delegates shall from time to time authorize or ratify."

The Speaker stated that the amendment to the By-Laws, Chapter XIII, would be acted on at the Wednesday meeting of the House of Delegates.

¹⁷ See second House of Delegates meeting for amended resolution and action thereon.

¹⁸ See second House of Delegates meeting for action on by-law.

T. Henshaw Kelly, on behalf of the Council, then introduced the following amendment to the Constitution, Article XIII, Section 2:

Resolved, That Article XIII of the Constitution be amended by adding a new section thereto to be numbered Section 2, reading as follows:

"Section 2. To further aid in carrying out the objects of the Association the House of Delegates at any meeting at any regular or special session thereof may, by a two-thirds vote of the membership thereof present and acting, authorize, empower and direct the Council to cause the formation and organization of one or more corporations under the laws of the state of California with such incorporators, name, purposes, county where the principal office for the transaction of business is to be located, first directors, the total number of shares, the aggregate par value, if any, of all shares, classes of shares, par value of any shares having par value, statement of the provisions, privileges and restrictions granted or imposed upon the respective classes of shares, or if the corporation be formed without capital stock, the authorized number and qualifications of its voting and other rights of each class of members and the liability of each and all classes, to dues or assessments, and with such further provisions in the articles of incorporation thereof and with such by-laws as the Council shall prescribe, fix and determine; and the House of Delegates at any meeting of any regular or special session thereof may by a vote of two-thirds of the members thereof present and acting, authorize, empower and direct the Council to grant, assign, transfer, convey or deliver or cause to be granted, assigned, transferred, conveyed or delivered to any of such corporations upon the formation thereof or to applicants for health and accident or other insurance in or from any of said corporations at or prior to the formation thereof without any consideration therefor, such funds and property, real or personal, of this Association as the House of Delegates shall from time to time authorize or ratify."

The Speaker stated that the amendment to the Constitution would be acted on at the next annual session in 1935.

XVIII. Adoption of Minutes.—The minutes of the meeting were then approved.

XIX. Adjournment.—There being no further business the meeting adjourned to meet at 8 p. m., Wednesday, May 2, 1934.

EDWARD M. PALLETTE, *Speaker*.
EMMA W. POPE, *Secretary*.

Second Meeting of the House of Delegates at the Sixty-Third Annual Session

Held in the Music Room, Mission Inn, Riverside, California, Wednesday, May 2, 1934, at 8 p. m.

I. Call to Order.—The meeting was called to order by the Speaker, Edward M. Pallette of Los Angeles.

II. Roll Call.—The secretary called the roll. One hundred and twenty-five out of the total one hundred and thirty-seven members of the House of Delegates, consisting of officers, delegates, and alternates, were seated and the Speaker declared a quorum present. Twelve members were absent.

III. Announcement of Place of the 1935 Annual Session.—The Speaker announced that the Yosemite National Park had been selected as the place of the 1935 annual session and that the date would be fixed by the Executive Committee at a later meeting.

IV. Election of Officers:

1. President-Elect.—The Speaker stated that the next order of business would be the election of officers, and nominations were in order for president-elect.

T. Henshaw Kelly of San Francisco nominated Robert A. Peers of Colfax as president-elect; such nomination was seconded by A. J. Scott of Los Angeles.

Junius B. Harris of Sacramento moved that the nominations be closed and that the secretary be instructed to cast the ballot for Robert A. Peers; such motion was seconded by Henry J. Ullmann of Santa Barbara, and unanimously carried.

The secretary cast the unanimous ballot of the House for Robert A. Peers, and the Speaker announced the election of Robert A. Peers as president-elect for the ensuing year. On request of the Speaker, T. Henshaw Kelly and Junius B. Harris escorted President-Elect Peers to the platform. Doctor Peers thanked the House for the honor conferred on him.

2. Speaker of the House of Delegates.—At this point the Vice-Speaker, John H. Graves of San Francisco, took the chair and announced that the next order of business would be the election of a Speaker for the ensuing year.

Karl L. Schaupp of San Francisco nominated Edward M. Pallette of Los Angeles as Speaker of the House; such nomination was seconded by Morton R. Gibbons of San Francisco. Charles A. Dukes of Oakland moved that the nomination be closed and the secretary be instructed to cast the ballot; such motion was seconded by Irving Ingber of San Francisco, and unanimously carried.

The secretary cast the unanimous ballot of the House for Edward M. Pallette, and the vice-speaker announced the election of Edward M. Pallette as Speaker of the House of Delegates for the ensuing year. Doctor Pallette then took the chair.

3. Vice-Speaker of the House of Delegates.—The Speaker announced that the next order of business would be the election of the vice-speaker.

Ruggles A. Cushman of Talmage nominated John H. Graves of San Francisco as vice-speaker of the House of Delegates; such nomination was seconded by A. J. Scott of Los Angeles. William H. Kiger of Los Angeles moved that the nominations be closed and the secretary be instructed to cast the ballot; such motion was seconded by Charles A. Dukes of Oakland, and carried.

The secretary cast the unanimous ballot of the House for John H. Graves, and the Speaker announced the election of John H. Graves as vice-speaker of the House of Delegates for the ensuing year.

4. Election of Councilors.—The Speaker stated that the next order of business would be the election of councilors for the third, sixth, and ninth districts.

(a) **Third District.**—The Speaker announced that Henry J. Ullmann had been nominated as councilor for the Third District on written nomination filed with the secretary, signed by G. C. Coffey, Ventura; Hugh Freidell, Santa Barbara; Richard D. Evans, Santa Barbara; G. L. Sobey, Paso Robles; A. T. Gage, Redlands; C. A. Whitmer, Colton; and Fred B. Moor, Loma Linda. Louis A. Packard of Bakersfield seconded the nomination. T. Henshaw Kelly moved that the nominations be closed and the secretary be instructed to cast the ballot; such motion was duly seconded, and carried.

The secretary cast the unanimous ballot of the House for Doctor Ullmann, and the Speaker announced the election of Henry J. Ullmann as councilor for the Third District for the term of three years.

(b) **Sixth District.**—The Speaker announced that a written notification, signed by Alson R. Kilgore and Irving S. Ingber, stated that the San Francisco delegation in caucus assembled had unanimously nominated Karl L. Schaupp of San Francisco as councilor for the Sixth District. Charles T. Sturgeon of Los Angeles seconded the nomination. Philip Gilman of San Francisco moved that the nominations be closed and the secretary be instructed to cast the ballot; such motion was seconded by LeRoy Brooks of San Francisco, and carried.

The secretary cast the unanimous ballot of the House for Doctor Schaupp, and the Speaker announced the election of Karl L. Schaupp as councilor for the Sixth District for a term of three years.

(c) **Ninth District.**—The Speaker announced that Henry S. Rogers had been nominated as councilor of the Ninth District on written nomination filed with the secretary, signed by Fred O. Butler of Sonoma and George M. Landrock of Marin. Junius B. Harris of Sacramento seconded the nomination. T. Henshaw Kelly of San Francisco moved that the nominations be closed and the secretary be instructed to cast the ballot; such motion was seconded by Langley Porter of San Francisco, and carried.

The secretary cast the unanimous ballot of the House for Doctor Rogers, and the Speaker announced the election of Henry S. Rogers as councilor for the Ninth District for a term of three years.

5. Councilors-at-Large.—The Speaker announced that the next order of business would be the election of three councilors-at-large, one to fill the unexpired term of the late Dr. George G. Hunter, which through councilor appointment is now being held by Harry H. Wilson of Los Angeles; the second, caused by the expiration of the term of William H. Kiger of Los Angeles; and the third, caused by the expiration of the term of Junius B. Harris of Sacramento.

(a) William R. Molony of Los Angeles nominated Harry H. Wilson of Los Angeles as councilor at large for a term expiring 1935; such nomination was seconded by Irving S. Ingber. Carl R. Howson of Los Angeles moved that the nominations be closed and the secretary be instructed to cast the ballot; such motion was seconded by A. J. Scott of Los Angeles.

The secretary cast the unanimous ballot of the House for Doctor Wilson and the Speaker announced the election of Harry H. Wilson as councilor at large from Los Angeles for a term expiring in 1935.

(b) Philip Stephens of Los Angeles nominated William H. Kiger of Los Angeles as councilor at large to succeed himself for a term of three years; such nomination was seconded by Oscar Reiss. George A. Hare of Fresno moved that the nominations be closed and the secretary be instructed to cast the ballot; such motion was seconded by LeRoy Brooks of San Francisco.

The secretary cast the unanimous ballot of the House for Doctor Kiger and the Speaker announced the election of William H. Kiger as councilor at large from Los Angeles for a term of three years expiring 1937.

(c) T. Henshaw Kelly nominated Junius B. Harris of Sacramento as councilor at large to succeed himself for a term of three years; such nomination was seconded by George I. Dawson of Napa. Langley Porter of San Francisco moved that the nominations be closed and the secretary be instructed to cast the ballot; such motion was seconded by Irving Ingber of San Francisco.

The secretary cast the unanimous ballot of the House for Doctor Harris and the Speaker announced the election of Junius B. Harris as councilor at large for a term of three years, expiring 1937.

* * *

V. Election of Delegates and Alternates to the American Medical Association.—The Speaker stated that the next order of business would be the election of delegates to the American Medical Association House of Delegates for the sessions of 1935 and 1936, to fill vacancies caused by the expiration of the terms of Charles A. Dukes, Carl R. Howson, Junius B. Harris and Harry H. Wilson.

1. Delegates.—(a) T. C. Lawson of Oakland nominated Charles A. Dukes of Oakland as delegate to the American Medical Association for the sessions of 1935 and 1936; such nomination was seconded by Eric Liljencrantz of Oakland. Irving Ingber of San Francisco moved that the nominations be closed and the secretary be instructed to cast the ballot; such motion was duly seconded and carried.

The secretary cast the unanimous ballot of the House and the Speaker announced the election of Charles A. Dukes of Oakland to succeed himself as delegate to the American Medical Association House of Delegates for the sessions of 1935 and 1936.

(b) William H. Kiger of Los Angeles nominated Clarence G. Toland of Los Angeles as delegate to the American Medical Association for the sessions of 1935 and 1936; such nomination was seconded by Irving Ingber of San Francisco. T. Henshaw Kelly of San Francisco moved that the nomination be closed and the secretary be instructed to cast the ballot; such motion was seconded by LeRoy Brooks of San Francisco and carried.

The secretary cast the unanimous ballot of the House and the Speaker announced the election of Clarence G. Toland of Los Angeles to succeed Carl R. Howson as delegate to the American Medical Association House of Delegates for the sessions of 1935 and 1936.

(c) Charles A. Dukes of Oakland nominated Junius B. Harris of Sacramento as delegate to the American Medical Association for the sessions of 1935 and 1936; such nomination was seconded by William H. Kiger of Los Angeles. Langley Porter of San Francisco moved that the nominations be closed and the secretary be instructed to cast the ballot; such motion was duly seconded and carried.

The secretary cast the unanimous ballot of the House and the Speaker announced the election of Junius B. Harris of Sacramento to succeed himself as delegate to the American Medical Association House of Delegates for the sessions of 1935 and 1936.

(d) Harry H. Wilson of Los Angeles nominated William R. Molony, Sr. of Los Angeles as delegate to the American Medical Association for the sessions of 1935 and 1936; such motion was seconded by Charles T. Sturgeon of Los Angeles. A. J. Scott of Los Angeles moved that the nominations be closed and the secretary be instructed to cast the ballot; such motion was seconded by George Dock of Los Angeles and carried.

The secretary cast the unanimous ballot of the House and the Speaker announced the election of William R. Molony, Sr., of Los Angeles to succeed himself as delegate to the American Medical Association House of Delegates for the sessions of 1935 and 1936.

2. *Alternates.*—The Speaker stated that nominations were in order for alternates to the American Medical Association for the sessions of 1935 and 1936 to fill vacancies caused by the expiration of the terms of Edward N. Ewer, Edward M. Palette, John Hunt Shephard and John C. Ruddock.

(a) T. C. Lawson of Oakland nominated Edward N. Ewer of Oakland as alternate to Charles A. Dukes for the American Medical Association sessions of 1935 and 1936; such nomination was seconded by Charles A. Dukes. T. Henshaw Kelly of San Francisco moved that the nominations be closed and the secretary be instructed to cast the ballot; such motion was duly seconded, and carried.

The secretary cast the ballot and the Speaker announced the election of Edward N. Ewer as alternate to Charles A. Dukes for the American Medical Association sessions of 1935 and 1936.

(b) John Hunt Shephard of San Jose nominated Edward M. Palette of Los Angeles as alternate to Clarence G. Toland of Los Angeles for the American Medical Association sessions of 1935 and 1936; such nomination was seconded by LeRoy Brooks of San Francisco. T. Henshaw Kelly of San Francisco moved that the nominations be closed and the secretary be instructed to cast the ballot; such motion was duly seconded, and carried.

The secretary cast the ballot and the Speaker announced the election of Edward M. Palette as alternate to Clarence G. Toland for the American Medical Association sessions of 1935 and 1936.

(c) R. Stanley Kneeshaw of San Jose nominated John Hunt Shephard of San Jose as alternate to Junius B. Harris for the American Medical Association sessions of 1935 and 1936; such nomination was seconded by Alfred L. Phillips of Santa Cruz. Oscar Reiss of Los Angeles moved that the nominations be closed and the secretary be instructed to cast the ballot; such motion was duly seconded, and carried.

The secretary cast the ballot and the Speaker announced the election of John Hunt Shephard of San Jose as alternate to Junius B. Harris for the American Medical Association sessions of 1935 and 1936.

(d) E. Earl Moody of Los Angeles nominated John C. Ruddock of Los Angeles as alternate to William R. Molony, Sr., for the American Medical Association sessions of 1935 and 1936; such motion was seconded by Orrie Ghrist of Los Angeles. Leo J. Madsen of Los Angeles moved that the nominations be closed and the secretary be instructed to cast the ballot; such motion was seconded by John Dunlop of Los Angeles, and carried.

The secretary cast the ballot, and the Speaker announced the election of John C. Ruddock as alternate to William R. Molony, Sr., for the American Medical Association sessions of 1935 and 1936.

* * *

VI. *Standing Committees.*—At the request of the Speaker, the secretary read the membership of the Standing Committees of the Association as recommended by the Council for approval by the House of Delegates, as follows:

Committee on Associated Societies and Technical Groups.

William W. Roblee (Chairman).....	Riverside	1937
Clifford Sweet.....	Oakland	1935
William H. Geistweit.....	San Diego	1936

Committee on Extension Lectures.

Robert T. Legge (Chairman).....	Berkeley	1937
James F. Churchill.....	San Diego	1935
J. Homer Woolsey.....	Woodland	1936
Secretary ex officio.		

Committee on Health and Public Instruction.

Fred B. Clarke (Chairman).....	Long Beach	1935
W. R. P. Clark.....	San Francisco	1936
Benjamin W. Black.....	Oakland	1937

Committee on Hospitals, Dispensaries and Clinics.

Daniel Crosby (Chairman).....	Oakland	1936
John C. Ruddock.....	Los Angeles	1935
Karl L. Schaupp.....	San Francisco	1937

Committee on History and Obituaries.

George D. Lyman (Chairman).....	San Francisco	1937
Charles D. Ball.....	Santa Ana	1935
J. Marion Read.....	San Francisco	1936
Secretary ex officio.		
Editor ex officio.		

Committee on Industrial Practice.

Morton R. Gibbons (Chairman).....	San Francisco	1935
Mott H. Arnold.....	San Diego	1936
Harry E. Zaiser.....	Orange	1937

Committee on Medical Defense.

George G. Reinle (Chairman).....	Oakland	1935
Fred R. DeLappe.....	Modesto	1936
John P. Nuttall.....	Santa Monica	1937

Committee on Medical Economics.

John H. Graves (Chairman).....	San Francisco	1935
William R. Molony, Sr.....	Los Angeles	1936
Willard Stone.....	Pasadena	1937

Committee on Medical Education and Medical Institutions.

Loren R. Chandler (Chairman).....	San Francisco	1936
George Dock.....	Pasadena	1935
John B. Doyle.....	Los Angeles	1937

Committee on Membership and Organization.

Harry H. Wilson (Chairman).....	Los Angeles	1935
Dewey R. Powell.....	Stockton	1936
Thomas H. McGavack.....	San Francisco	1937
Secretary ex officio.		

Committee on Publications.

Percy T. Magan (Chairman).....	Los Angeles	1937
Ruggles A. Cushman.....	Talmage	1935
Frederick F. Gundrum.....	Sacramento	1936
Secretary ex officio.		
Editor ex officio.		

Committee on Public Policy and Legislation.

Junius B. Harris (Chairman).....	Sacramento	1935
Fred R. DeLappe.....	Modesto	1936
E. T. Remmen.....	Glendale	1937
President ex officio.		
President-elect ex officio.		

Committee on Scientific Work.

J. Homer Woolsey.....	Woodland	1935
F. M. Pottenger.....	Monrovia	1936
Lemuel P. Adams.....	Oakland	1937
Secretary Section on General Medicine.		
Secretary Section on General Surgery.		
Emma W. Pope, ex officio, Chairman.		

Alson R. Kilgore of San Francisco moved that the membership of the standing committees as read, be approved; such motion was seconded by Loren R. Chandler of San Francisco and carried.

* * *

VII. Resolution on Death of William H. Welch.—Philip Gilman of San Francisco presented the following resolution of regret, which was unanimously adopted by a rising vote of the House of Delegates:

The California Medical Association assembled in meeting at Riverside learns with infinite regret of the death of Dr. William H. Welch.

Many of its members are personal students of Doctor Welch and all wish to express their sorrow at his passing but rejoice in the knowledge of the wonderful fullness of the life which has closed—a life that leaves so lasting an impression on medical education and discovery, not only in this country but in the entire world.

* * *

VIII. Report of the Reference Committee on Reports of Officers and Standing Committees.—At the request of the Speaker, Alson R. Kilgore of San Francisco, chairman of the Committee on Reports of Officers and Standing Committees, presented the report of his committee, which was acted on section by section. The report as submitted read as follows:

Report of Reference Committee on Reports of Officers and Standing Committees

PRESIDENT'S ADDRESS

Our retiring president has reviewed for us in his address a year of intensive activity, fraught with momentous import to organized medicine. The Association owes a debt of appreciation to the man who has so earnestly and at such personal sacrifice served our interests; a debt which can only be repaid in the satisfaction he will take from seeing this organization carry to successful consummation under succeeding administrations projects begun and projects carried on during his term this past year. We extend this expression of our appreciation to him and in the same breath pledge our loyalty to his successor.

Certain specific recommendations are made in the president's address:

1. With regard to health insurance, the president recommends that the Association set up a voluntary plan covering hospital care. This matter will come before the House in specific resolutions for action.
2. The president recommends that efforts be made to spread the system of control of county hospitals by the County Institutions Commission system. This matter will be mentioned under the report of the Department of Public Relations.
3. The president recommends that the program of publicity started by the Department of Public Relations be continued. In this recommendation your committee concurs.
4. The president recommends that owing to the rapidity of change of present conditions and the urgency of many problems constantly arising, the Executive Committee return to the plan of holding monthly meetings. In this recommendation your committee concurs.
5. The president recommends that the survey studies carried out by the Cancer Commission during the past three years be collected in reprint form and made available to the members of the Association. Your committee concurs in this recommendation.

REPORTS OF THE GENERAL OFFICERS

The reports of the general officers, the president, the president-elect, the Speaker of the House of Delegates, the secretary-treasurer, and the editor have been reviewed by your committee, as well as the reports of the Auditing Committee and the trustees, and the standing committees of this Association, namely, the Committees on

Associated Societies and Technical Groups,
Extension Lectures,
Health and Public Instruction,
History and Obituaries,

Hospitals, Dispensaries and Clinics,
Medical Defense,
Medical Education and Medical Institutions,
Publications,
Scientific Work.

These reports outline in the briefest possible form an enormous volume of time and energy consuming work generously given in the interests of organized medicine. Your committee finds no matters of policy in connection with these reports upon which it believes the House of Delegates should make particular recommendations. Your committee suggests that the House of Delegates accept these reports and extend its thanks to the officers and committee members. It is a matter of special congratulation that the affairs of this organization have been handled from a business point of view so as to close the year with the Association in the financial condition disclosed by the treasurer's report.

We note in the report of the Committee on History and Obituaries a request that the sum of \$300 be appropriated for the use of this committee in securing historical data and material which the passage of time may make unavailable at any price.

In these times of economic stress we believe that the traditions and backgrounds of medicine become more rather than less important and, therefore, without specifying any given amount of money, your committee recommends that the House of Delegates authorize the Council to appropriate on the request of the Committee on History and Obituaries specific amounts not to exceed \$300 where it appears urgent that specific historical material be secured without delay.

REPORT OF THE COUNCIL

Your committee recommends that the House of Delegates specifically approve the action of the Council in cooperating with the Board of Medical Examiners in the conduct of legal proceedings looking toward a clarification of the law with regard to corporate practice of medicine, and further approve of the action of the Council in cooperating with constituted authorities of the state and counties in the prosecution of individuals and corporations engaged in pernicious practices in this regard.

Resolutions introduced by the Council covering these activities have been referred to Reference Committee No. 2 and will be dealt with in that committee's report.

Your committee recommends that the House of Delegates specifically approve the actions of the Council in rendering aid and assistance to various component county societies in the development of public relations, and where necessary in the conduct of legal proceedings directed to correction of the abuses of extension of county hospital service to persons not properly or legally entitled thereto.

The resolution introduced by the Council covering further participation in this and similar activities has been referred to Reference Committee No. 2 and will be dealt with in that committee's report.

HEALTH INSURANCE LEGISLATION

With regard to that part of the Council's report dealing with possible health insurance legislation in California, we feel that there is ample evidence of public demand not only voiced by the "vocal groups" from outside the state mentioned in the report of the Council, but also in the obvious fact of extensive purchase by the public of inferior services now offered along the line of distributing sickness costs by periodic payments. It may be true that the plans now operating in other countries would not be suitable in America, nevertheless it is entirely possible that a sufficient demand may make inevitable some system of some kind here.

We agree with the Council that legislative establishment of health insurance in California would be undesirable at this time from the standpoint of the public and the profession; but we earnestly believe that if such legislation appears inevitable to satisfy the economic demand of the times, the California Medical Association should be prepared to cooperate

in moulding this legislation in such manner as to preserve as nearly as may be the standards of scientific service and of professional relations which are of such vital importance to the community. We commend the Council's recommendation that studies in preparation for such action be continued. Your committee would go still further and recommend that these studies be pushed with all possible speed.

HOSPITALIZATION PLANS

In its report the Council recommends the establishment by the California Medical Association of an insurance organization to offer to the community a means of solving in part at least the problem of distribution of unequal sickness costs. The specific recommendations are embodied in a resolution referred to Reference Committee No. 2 and your present committee does not offer recommendation regarding this part of the Council's report for action prior to the report of Reference Committee No. 2 upon this resolution.

We cannot, however, refrain from an endorsement of the fundamental principle contained in the report of the Council.

We believe that perhaps the most effective means of avoiding ill-advised legislative establishment of health insurance is to offer to the community a solution of the problem on our own initiative.

We believe that there are two definite lines of activity in which this Association should now engage—(1) offer the community a solution of the problem in the form of a voluntary payment plan set up by this Association, (2) as recommended by the Council, adequately prepare to coöperate in the preparation of legislation, if such becomes inevitable, establishing a compulsory payment plan. We believe it is feasible so to set up a voluntary plan to be operated by this Association that it would later fit into a compulsory payment plan which may be established by legislative enactment.

EMERGENCY RELIEF PLANS

Again the recommendations of the Council are embodied in a resolution referred to Reference Committee No. 2 and your present committee offers no specific recommendations to be voted upon now.

ANNUAL ASSESSMENT

Your committee recommends that in accordance with the suggestion of the Council the dues for 1935 be set at \$10.

REPORT OF COMMITTEE ON SURVEY OF EXPENDITURES

Your committee recommends that the House of Delegates approve this report, and in particular approve: (1) the recommendation for increases of clerical salaries amounting to \$45 per month; (2) the proposal to increase the budget item of \$2,191.20 for the Committee on Public Policy and Legislation to \$2,500, and realizing the importance of this committee's work to the Association, recommend that the Council be authorized to still further increase this budget allowance if additional expenditures during the year become necessary for the effective accomplishment of this committee's work; (3) that executive salary contracts be placed on a monthly basis.

With the changes noted, your committee recommends the adoption of the proposed budget for 1935.

REPORT OF THE GENERAL COUNSEL

This report concentrates in fifteen pages a record of activities and a summary of conclusions obviously based on an unprecedented volume of work involving complex and burdensome detail and carried out under extraordinary pressure. Your committee recommends that the House of Delegates formally express the appreciation of the Association for this service. The important activities discussed in this report have already been set forth in recommendations contained in the report of the Council and do not require separate action by the House of Delegates. We recommend the adoption of the report as read.

REPORT OF THE DEPARTMENT OF PUBLIC RELATIONS

The department, its chairman and director, have been concerned with many difficult aspects of the relations of organized medicine to the community. Some of its work has yielded tangible results—as in case of the laborious working out of details of a hospitalization plan for a county society. Other aspects of the department's work, such as newspaper publicity, the promotion of county institution commission systems, etc., are either of such nature that tangible results cannot be measured or have not yet reached a stage of development in which tangible results can properly be expected. These lines of work are none the less of great value to the Association.

Your committee particularly concurs in the recommendation of the president that the Department of Public Relations continue to exert its best efforts toward the extension of the County Institution Commission system. It appears likely that the immediate future may make some efforts in this direction particularly timely.

Your committee recommends the acceptance of this report with the thanks of the Association.

REPORT OF THE CANCER COMMISSION

Your committee recommends the acceptance of this report as presented. The matter of reprinting the collected studies of the Cancer Commission has already been dealt with in the report of the president.

ALSON R. KILGORE,
E. ERIC LARSON,
PHILIP H. STEPHENS.

Alson R. Kilgore then moved for the adoption of the report as a whole. Such motion was seconded by T. Henshaw Kelly and carried.

* * *

IX. Redistricting of Districts One and Three.—It was pointed out that the recommendation of the Council on redistricting the first and third districts had not been acted upon by the Reference Committee and the House.

On motion of A. T. Gage of San Bernardino, seconded by Junius B. Harris of Sacramento, San Bernardino County was removed from the Third Councilor District and placed in the First Councilor District.

* * *

X. Report of the Reference Committee on Resolutions and New and Miscellaneous Business.—William R. Molony, chairman of the Committee on Resolutions and New and Miscellaneous Business then presented the report of his committee, which was acted on section by section.

To the Speaker and the House of Delegates:

Your Reference Committee No. 2 begs leave to submit the following report:

* * *

Resolution No. 1, Coöperation with the Board of Medical Examiners.—(Amended to read):

Resolved, That the House of Delegates of the California Medical Association instruct the Council of the California Medical Association to coöperate with the Board of Medical Examiners in its efforts toward stopping the illegal practice of medicine by persons and corporations in the state of California.

Doctor Molony then moved the adoption of the foregoing resolution; such motion was seconded by LeRoy Brooks of San Francisco and carried.

* * *

Resolution No. 2, Coöperation with District Attorneys.—(Amended by Reference Committee No. 2 to read):

Resolved, That the component county medical societies of the California Medical Association be requested to coöperate with and aid the district attorneys of the respective counties in the enforcement of the laws governing the practice of medicine.

Doctor Molony then moved the adoption of the foregoing resolution; such motion was seconded by Irving Ingber of San Francisco and carried.

Resolution No. 3, Use of County Hospitals.—(Amended by Reference Committee No. 2 to read):

WHEREAS, There has been and there is a determined effort on the part of persons within the state of California to open the doors of county hospitals and render services to persons not of the indigent class; and

WHEREAS, Many privately owned and taxpaying hospitals have been developed in California to care for the non-indigent sick and have investments in, their plants and service organization that will be seriously injured or possibly lost by unfair competition with county hospitals as above referred to; and

WHEREAS, Such use of county hospitals will add greatly to the tax burden of the respective counties; therefore be it

Resolved, That the Council of the California Medical Association be instructed to use such efforts and resources of the Association as it may deem proper to the end that county hospitals be maintained and conducted within the limits as prescribed by law.

Doctor Molony then moved for the adoption of the foregoing resolution; such motion was seconded by Henry Rogers of Petaluma and carried.

Amendment to the By-Laws, Chapter XIII.—At this point Doctor Molony stated that the next Resolution No. 4 dealt with the proposed hospitalization plan and in order to make it effective, if it were passed by the House, the proposed amendment to the By-Laws should first be passed on.

Doctor Molony then read the following amendment to Chapter XIII of the By-Laws:

Resolved, That the By-Laws be amended by adding thereto a new chapter to be Number XIII, reading as follows:

Chapter XIII. Corporations. To further aid in carrying out the objects of the Association, the House of Delegates at any meeting at any regular or special session thereof, may by a two-thirds vote of the membership thereof present and acting, authorize, empower and direct the Council to cause the formation and organization of one or more corporations under the laws of the state of California with such incorporators, name, purposes, county where the principal office for the transaction of business is to be located, first directors, the total number of shares, the aggregate par value if any of all shares, classes of shares, par value of any shares having par value, statement of the provisions, privileges and restrictions granted or imposed upon the respective classes of shares, or if the corporation be formed without capital stock, the authorized number of qualifications of its members, the different classes of members, if any, the property, voting and other rights of each class of members and the liability of each and all classes, to dues or assessments, and with such further provisions in the articles of incorporation thereof and with such by-laws as the Council shall prescribe, fix and determine; and the House of Delegates at any meeting of any regular or special session thereof may by a vote of two-thirds of the members thereof present and acting, authorize, empower and direct the Council to grant, assign, transfer, convey or deliver or cause to be granted, assigned, transferred, conveyed or delivered to any of such corporations upon the formation thereof or to applicants for health and accident or other insurance in or from any of said corporations at or prior to the formation thereof without any consideration therefor, such funds and property, real or personal, of this Association as the House of Delegates shall from time to time authorize or ratify."

Discussion of the proposed by-law was then had by members of the House. T. Henshaw Kelly explained that the proposed amendment to the By-Laws was enabling legislation, which would permit the House of Delegates, by a two-thirds vote, to establish, under the direction of the Council, one or more corporations, and that this legislation would permit the establishment of any type of corporation agreed upon by a two-thirds vote of the House and would be of use at any future time, and that its adoption did not in any

way carry with it the approval of any specific hospital or medical service plan; but that no type of organization could be formed now or in the future without first adopting such enabling legislation as would be established by the proposed by-law.

Loren R. Chandler then moved that a recess of ten minutes be given to permit a caucus of the San Francisco delegation; such motion was seconded by Alson Kilgore of San Francisco. The Speaker asked the pleasure of the House on the matter, and it was unanimously agreed that a recess of three minutes be allowed. A recess was then taken.

The Speaker called the House to order after the recess, and discussion was resumed on the proposed amendment to the By-Laws.

The Speaker called for a vote *viva voce*, and the amendment to the By-Laws by the addition of a new chapter, numbered XIII, was unanimously adopted by the House.

Resolution No. 4, Hospitalization Plan.

WHEREAS, It is desirable and possible for this Association, the California Medical Association, to establish a plan and method of reducing the cost of illness and injury by causing the organization of an insurance corporation under the laws of the state of California to provide hospital service on a periodic payment basis, and to defray the cost of necessary anesthetic, laboratory and limited x-ray services to patients while hospitalized; and

WHEREAS, Such a corporation can and should be formed in full coöperation with ethical accredited hospitals; and

WHEREAS, The inauguration of such service will constitute a truly progressive solution of many vexatious economic problems affecting the public welfare, and can be instituted without state aid, increase of taxes, or injurious results to the public health or scientific medicine; now, therefore, be it

Resolved, That the Council of the California Medical Association be, and it is hereby authorized and empowered to cause the organization of an insurance corporation under the laws of the state of California, to provide hospital service, and if the Council so determines, to defray the cost of said limited medical service to patients while hospitalized, without capital stock and with such incorporators, name, additional purposes, county where the principal office for the transaction of business is to be located, first directors, authorized number and qualifications of members, classes of membership, property, voting and other rights and privileges of each class of membership, liability of each and all classes to dues and assessments, and other provisions of its Articles of Incorporation, and By-Laws, as the Council shall prescribe, fix and determine; and be it further

Resolved, That there is hereby appropriated for the purpose hereof such sums and securities of this Association, whether held by the Association or by Trustees Of The California Medical Association, not exceeding the amount or value of \$35,000, as the Council may deem advisable or necessary to expend in carrying out the provisions hereof; and be it further

Resolved, That the Council is hereby authorized and empowered to take all such steps and proceedings, and to do any and all acts or things necessary in the name of this Association or otherwise, to carry this resolution into effect.

Mimeographed copies explaining the hospital insurance plan proposed by the Council were distributed to the members of the House of Delegates and the following explanatory statement and the foregoing resolution were read by Doctor Molony.

Explanatory note on health insurance plan submitted by Council:

The hospital insurance plan recommended by the Council in its report, proposes the formation of a health and accident insurance corporation on the assessment plan under the laws of California with two classes of members: (1) beneficiaries; and (2) administrative, with voting rights, who would be mem-

bers of the Association elected by the Council from the membership at large and from the various districts of the state. If desired, a limited voting right can be given the beneficiaries.

The By-Laws would provide for the election of a majority of directors from the voting members and a minority of the board from nominees of participating hospitals (hospitals contracting with the corporation to furnish hospital service). The officers would be composed of the directors and others, selected for insurance or hospital experience, giving proper representation to the participating hospitals.

The corporation would furnish hospitalization throughout the state by districts (the territorial areas of one or more county societies), with district administrative boards composed in like manner of physicians and hospital representatives, and the service would be established by districts thus permitting orderly development of proper personnel. The major portion of the capital required (\$25,000 minimum being necessary to comply with this insurance law), would be furnished by the California Medical Association but each district would contribute to the working capital reasonable pro rata amounts according to probable business obtainable.

The hospital service would be furnished in each district by the participating hospital of the district. Such service would be paid for by the corporation on a hospital day basis and would not include the services of any physicians. The corporation would, however, if the Council so determine, agree to defray the cost of necessary anesthetic and limited diagnostic laboratory and roentgenological services (and no other medical or surgical services), rendered the beneficiary while hospitalized only, by paying the beneficiary and in no case, the hospital, not to exceed certain maximum sums therefor, after receipt of satisfactory proof of the payment of said fees to his physician or physicians by the beneficiary; thus the beneficiary will be responsible for all his bills for professional services.

The corporation would establish its own district medical staffs, membership in which would be open to every member of the county society or societies of the district agreeing to staff rules; and a beneficiary would be entitled to hospitalization in a participating hospital only if so certified by the physician of his choice, viz., a staff member with the approval of an assistant medical director of the corporation.

Hospitals will continue to have the right through their own medical staffs to exclude staff members from their hospitals for cause.

Formation of such a corporation contemplates the establishment of the office of the corporation at the offices of the California Medical Association at San Francisco, the employment as general manager of a skilled and experienced insurance executive with an assistant secretary in each district and such other personnel as may be necessary.

It is believed that beneficiary memberships can be sold through the interested efforts of the cooperating hospitals and the physicians, leaving to the general manager in the first instance the matter of interesting large employers.

While the corporation would have the relation above defined to the California Medical Association and its component societies and to that extent a status of agency would be established, both the beneficiary certificate and the hospital contract would be drawn to constitute corporate obligations only, with all recourse against members, directors, officers, the California Medical Association and its component societies waived by the beneficiary and the hospital. It is believed that no objection to such a provision in the beneficiary certificate will be made by the state departments. Furthermore, the Standard Provisions Act gives the right of cancellation with refund of current premium at any time. The Council will not proceed with the plan if authorized, under conditions which would, in the opinion of the legal department, involve any liability on the part of the Association or its membership beyond the amount authorized by the resolution.

Discussion on Resolution No. 4:

Doctor Molony then moved the adoption of the above resolution on hospitalization; such motion was seconded by Edward N. Ewer of Oakland.

Full discussion was then had. John Hunt Shephard of San Jose spoke in opposition to the plan proposed in the resolution, and suggested the appointment of a committee to study the matter, with power to act.

Dr. Edward Ewer of Oakland spoke in favor of the hospitalization plan recommended by the Council.

Dr. Rodney Yoell of San Francisco then addressed the House in opposition to the plan of the Council stating that any plan to be effective must contain a compulsory insurance feature.

Doctors T. Henshaw Kelly, Karl L. Schaupp and Junius B. Harris spoke in favor of the Council's plan for hospitalization.

Doctors LeRoy Brooks, Langley Porter, Robert S. Stone and Wilber Swett spoke in opposition to Resolution No. 4 and favored compulsory plans or more inclusive ones.

Doctors Junius B. Harris and Louis Packard pointed out the necessity of action by the society to meet problems contemplated in the coming legislature.

Doctor E. M. Burns of Los Angeles stated that he was not convinced of the necessity of any of these plans.

The Speaker then stated that a vote would be taken at this time on Resolution No. 4.

A vote by roll call was taken. Sixty-five affirmative votes were cast and fifty-three negative votes; seven members not voting. The Speaker then declared that the necessary two-thirds vote not having been obtained, the motion for adoption of Resolution No. 4 was defeated.

Resolution No. 8, Health Insurance Committee.

Doctor Molony then read the substitute resolution recommended by Reference Committee No. 2 instead of Resolution No. 8 as originally introduced, which resolution read as follows:

WHEREAS, There is already in existence a committee of the Council appointed for the specific purpose of making a survey and study of the health insurance problem in the state of California and in order to bring to this study an enlarged viewpoint; therefore, be it

Resolved, That the Council of the California Medical Association be instructed to reorganize this committee for the continuance of the above named purpose and to include three members of the House of Delegates to be appointed by the Speaker and this committee submit a report to the meeting of the Council of the California Medical Association on May 26, 1934; and be it further

Resolved, That the Council be and is hereby authorized to expend such sums of money as may be deemed necessary by the Council for the purpose of the work of this committee.

Doctors Brooks, Ingber, Yoell and other members of the House of Delegates voiced objection to the above resolution stating that it did not embody the essential points of the original Resolution No. 8.

Doctor Loren Chandler then requested that the original Resolution No. 8 be read.

Doctor Molony then read the original Resolution No. 8 as follows:

Resolved, That a committee be, and hereby is constituted, consisting of two members of the Council to be appointed by the chairman of the Council, and three members of the House of Delegates to be appointed by the Speaker of the House, whose duty shall be the consideration of health insurance.

Resolved, That this committee shall be instructed to conduct an adequate study and survey of the problem as it applies to California and to formulate a plan for the administration of health insurance and to prepare a bill for suitable legislation which may be available for presentation in the 1935 session of the California State Legislature.

Resolved, That the Council be, and is hereby instructed, to appropriate funds sufficient to employ adequate and competent technical and legal assistance and advice for the purpose of this committee.

Doctor Molony moved that the foregoing resolution do not pass.

There being no second to this motion, Doctor Molony then moved the adoption of the substitute resolution presented by Reference Committee No. 2, which motion was seconded.

Dr. F. M. Pottenger of Monrovia then moved as a substitute motion the original Resolution No. 8, which motion was seconded and carried.

The Speaker then announced that the question was on the adoption of the original Resolution No. 8. Dr. T. Henshaw Kelly then moved the adoption of the original Resolution No. 8, which motion was duly seconded.

After further discussion was had on both the original and substitute forms of Resolution No. 8, the Speaker called for the vote on the adoption of Resolution No. 8 as originally presented, and without a roll call the resolution was unanimously adopted.

*Resolution No. 5, Federal Emergency Relief.**—As introduced at the first meeting of the House of Delegates, reading:

WHEREAS, There has been considerable delay in the development of medical care under the Federal Emergency Relief plans because of the lack of any coördinate agency with sufficient authority to act in the medical field, and

WHEREAS, The Federal Government has recognized organized medicine as the agency through which the development of this care should come, and

WHEREAS, It is necessary to have an agency in California and in the California Medical Association that can act rapidly and with authority in the development and coördination of plans for medical care of unemployed on relief receiving federal funds; therefore be it

Resolved, That a committee of three be appointed by the Speaker from the membership of the California Medical Association, this committee to study the whole matter of medical care of unemployed on relief under Federal Emergency Relief plans and to take such steps as it deems advisable to develop in California a central medical authority that shall have the power to develop and coördinate such medical care and its auxiliary services in all of the counties of California so that a coherent plan shall be maintained and operated; and be it further

Resolved, That the Council be authorized and empowered to defray the necessary traveling and other expenses of this committee or its agents.

Doctor Moloney then moved the adoption of the foregoing resolution; such motion was seconded by T. Henshaw Kelly of San Francisco and carried.

Resolution No. 6, Basic Science Law.—Amended to read as follows:

WHEREAS, Every practitioner of the healing art, to whom a citizen may come for diagnosis and treatment of an illness or injury, necessarily has grave responsibilities and because the understanding and treatment of disease demands adequate knowledge, it has long been deemed necessary, by enlightened people, to demand that every person seeking a license to practice the healing art should first possess ample education and training before being permitted to practice. In European nations these educational and training requirements are usually laid down by the federal governments. The Constitution of the United States is such, however, that the licensing of healing art practitioners comes within the domain of state rights and is, therefore, a state function.

In the State of California the citizens have seen fit to provide three separate licensing boards for practitioners of the healing art. The non-sectarian (so-called old school or regular) physicians and surgeons are licensed by the Board of Medical Examiners, through laws by legislative enactment and commencing as far back as 1871. The osteopathic and chiropractic prac-

tioners are licensed by separate boards, through laws enacted by initiative vote of the people.

As regards preliminary education of these groups, the non-sectarian physicians and surgeons, in addition to four years of medical training, must first have possessed a high school diploma and one year of chemistry, biology and physics of collegiate standard. The osteopathic act requires the same. The premedical training required by the Chiropractic Act is of less extent and value.

WHEREAS, It is the duty of the California Medical Association as truly representative of organized modern medicine to educate the citizens of the commonwealth to the value of proper qualification of all who aspire to practice any method or system of the healing art and to guard them against all such persons not so qualified;

WHEREAS, Any legislation seeking to enforce the principle as above stated must be by initiative enactment for the reason that the Osteopathic and Chiropractic Practice Acts are initiative Acts;

WHEREAS, The history of California has seen the formation, growth and influx of many groups comprising thousands of variously and inadequately trained persons who could not be qualified as practitioners had there been an adequate qualifying certificate law in force; therefore be it

Resolved, That the House of Delegates approve the principle of a qualifying certificate act and recommend that the Council of the California Medical Association give the matter of its presentation to the voters of California for adoption, its considered judgment, and if the Council decides to proceed, then to determine whether or not immediate action be taken or a state-wide educational campaign be first undertaken as a preliminary step toward submission of such act at the general election of 1936.

Doctor Molony then moved for the adoption of the resolution; such motion was duly seconded and carried.

Resolution No. 7, Medical Guild.—Doctor Molony submitted the following recommendation in lieu of the original resolution presented at the first meeting of the House of Delegates:

Referring to the resolution presented by Irving S. Ingber, the committee believes that the resolution carries in general a constructive effort to improve the standards of medicine in providing a more effective means of control and discipline of the licentiates under the Medical Practice Act and the lessening of the opportunities of said licentiates to frustrate the action of the board in all disciplinary measures. The Medical Practice Act, enacted in 1913 and amended at practically every legislative session since, and having successfully withstood in the courts all attacks, is now a satisfactory instrument for the licensing, control and discipline of those licensed to practice the healing arts as provided in the Act. In the matter of appeal from the decision of the board in revocation proceeding and extension of causes constituting unprofessional conduct, it is strongly recommended that amendments to these ends be presented to the legislature for enactment.

Doctor Molony then moved for the adoption of the recommendation of the committee; such motion was duly seconded and carried.

Resolution No. 8, Health Insurance Committee.—(See page 446 for action on Resolution No. 8.)

Resolution No. 9, Physicians Appearing on Radio Programs.—(Amended by Reference Committee No. 2 to read as follows):

WHEREAS, The practice of physicians appearing on advertising radio programs under a pseudo scientific pretense is becoming far too prevalent, and

WHEREAS, This practice is subversive of the best interests of the public and the profession, therefore be it

Resolved, That the Council of the California Medical Association establish and recommend to the several component county societies proper rules of professional

* Speaker Pallette has appointed as the Special Committee on Federal Emergency Relief the following: Dr. Harry H. Wilson of Los Angeles, and Dr. T. Henshaw Kelly and Dr. Karl L. Schaupp of San Francisco.

conduct in the premises, the continued violation of which shall constitute grounds for expulsion.

Doctor Molony then moved for the adoption of the foregoing resolution; such motion was seconded by Lemuel P. Adams of Oakland and carried.

Resolution No. 10, Practice of Radiology and Pathology in Hospitals.—(Amended by Reference Committee No. 2 to read as follows and including also text of Resolution No. 11):

Resolved, That the House of Delegates direct the Council of the California Medical Association to appoint a committee of five—a pathologist, radiologist, and three other members of the Council, whose duty it shall be

(a) To contact the Executive Committees of the various western hospital associations in order, singly and/or jointly,

(b) To study the exact relations existing between each and every hospital pathology and radiology department and the pathologist and radiologist in charge thereof,

and to report to the Council.

Doctor Molony then moved the adoption of the foregoing resolution; such motion was seconded by T. Henshaw Kelly of San Francisco and carried.

Resolution No. 11.—Practice of Pathology in Hospitals.—(Resolutions No. 10 and No. 11 were combined by Reference Committee. See Resolution No. 10 for action thereon).

Resolution No. 12, Dual Fee Schedule.—Amended by Reference Committee No. 2 to read as follows:

The House of Delegates of the California Medical Association at the 1933 meeting passed the following resolution:

WHEREAS, There has been for some time much dissatisfaction with the fee schedule authorized by the Industrial Accident Commission for roentgen examinations, partly because some insurance companies have disregarded said schedule, and

WHEREAS, This schedule does not recognize the difference between the taking of x-ray films, including the making of a proper x-ray examination, interpretation and medical consultation and the mere taking of x-ray by a nonradiologist (frequently a general practitioner but in many instances actually a lay person); therefore be it

Resolved, That for the purpose of insurance and industrial accident practice only, the Council and the House of Delegates of the California Medical Association recognize this fundamental difference and that a copy of this resolution be sent to each insurance company writing industrial insurance in the State of California.

This resolution has apparently not proved satisfactory and a resolution has been presented to this House by John Hunt Shepard, M. D., asking that the Council of the California Medical Association be directed to confer with the executive officers of the State Industrial Accident Commission for the purpose of obtaining a more satisfactory ruling as to the x-ray fee schedule.

Your committee recommends the following:

Resolved, That the above request be referred to the Council of the California Medical Association for action.

Doctor Molony then moved the adoption of the recommendation of the committee; such motion was seconded by Le Roy Brooks of San Francisco.

Doctor Shephard stated that the resolution should include the words "for the purpose of eliminating the dual fee schedule." The question was then discussed by various members of the House.

On motion of Karl L. Schaupp, seconded by George A. Hare, the following amendment to the resolution was offered:

"for the purpose of securing the elimination of a dual fee schedule."

The Speaker then called for a vote on the amendment to the resolution, and the majority of the votes

being cast in the negative, the motion for the adoption of the amendment was defeated.

The Speaker then called for a vote on the original recommendation of the committee. The majority of the votes being cast in the affirmative, the resolution was adopted.

Resolution No. 13.—Relationship of Press and Medical Profession.—(Amended by Reference Committee No. 2 to read as follows):

WHEREAS, a closer relationship between the public press and the medical profession is a highly desirable one, and

WHEREAS, Such a relationship is conducive to a more sympathetic understanding by the press and the public of the aims and ideals of the medical profession; therefore be it

Resolved, That the Council of the California Medical Association be requested to take such action through its proper departments as will establish in the component county societies this important and necessary activity.

Doctor Molony then moved the adoption of the foregoing resolution; such motion was seconded by LeRoy Brooks of San Francisco and carried.

* * *

XI. Resolutions of Appreciation.—T. Henshaw Kelly of San Francisco presented the following resolutions of appreciation:

WHEREAS, The 1934 annual session of the California Medical Association at Riverside is about to become another happy landmark in the Association's history; and

WHEREAS, Many persons and agencies, as well as the weather, have contributed to the highly enjoyable meeting; therefore be it

Resolved, That the California Medical Association extend its thanks and grateful appreciation

1. To the invited guests of the Association who have come far and given so freely of their knowledge and companionship during the session;

2. To the Committee on Arrangements for its hard work and careful attention that have done so much for the success of the session and the pleasure of the members and their guests;

3. To the owners and staff of the Mission Inn, who have given of their best for the comfort of their guests;

4. To the Riverside Chamber of Commerce for its kindness in furnishing the use of meeting places, and its arrangements for the convenience and entertainment of those attending the session;

5. To the Riverside Community Opera Association for its delightful performance of Pagliacci for the Association and its guests;

6. To the Riverside Polo Club and the Sherman Institute for their generous contribution to the entertainment of the session;

7. To the press for its coöperation and able presentation of matters dealt with by the meetings;

8. To the commercial exhibitors whose willingness to participate and care in the preparation of their exhibits have done much to make this feature of the session so successful;

9. To the Woman's Auxiliary of the California Medical Association for its presence and generous helpfulness.

Doctor Kelly moved the adoption of the foregoing resolution; such motion was seconded by J. B. Harris and unanimously carried.

* * *

XII. Presentation of the President.—President Clarence G. Toland was then presented to the House by the retiring president, George G. Reinle. Doctor Toland addressed the House, expressing his appreciation of the honor conferred on him.

* * *

XIII. Presentation of the President-elect.—President-elect Robert A. Peers was introduced to the House and expressed his gratitude and sense of responsibility to the Association.

XIV. Adoption of Minutes.—The minutes of the meeting were then adopted as read.

* * *

XV. Adjournment.—There being no further business, the meeting adjourned.

EDWARD M. PALLETTE, *Speaker*.
EMMA W. POPE, *Secretary*.

COUNCIL MINUTES

Minutes of the Two Hundred and Twenty-First Meeting of the Council of the California Medical Association

The following minutes were approved by the Council at its two hundred and twenty-third meeting held at Mission Inn, Riverside, California, Sunday, April 29, 1934.

Held in the offices of the California Medical Association, Room 2004, 450 Sutter Street, San Francisco, Saturday, January 20, 1934, at 9:30 a. m.

Present.—Doctors George G. Reinle, president; Clarence G. Toland, president-elect; Edward M. Pallette, speaker; T. Henshaw Kelly, chairman of the Council; Karl L. Schaupp, chairman of the Executive Committee; and Councilors W. W. Roblee, C. O. Tanner, H. J. Ullmann, Fred R. DeLappe, A. L. Phillips, O. D. Hamlin, C. E. Schoff, M. R. Gibbons, J. B. Harris, H. S. Rogers; C. A. Dukes, chairman of the Committee on Public Relations; Emma W. Pope, secretary; George H. Kress, editor; Walter M. Dickie, director of the Department of Public Relations; and General Counsel Hartley F. Peart. Charles B. Pinkham, secretary of the Board of Medical Examiners, William Molony, president, and Mr. Lionel Browne, Deputy Attorney-General, were present by invitation.

Absent.—Dr. Carl R. Howson.

1. Call to Order.—The meeting was called to order by the chairman, T. Henshaw Kelly.

2. Financial Statement.—Financial statement for the month of December, 1933, was approved as presented by the secretary.

Action by the Council.—On motion of Dukes, seconded by Gibbons and unanimously carried, the following resolution was adopted.

Resolved, That Trustees Of The California Medical Association be requested to pay over to the California Medical Association the interest earned in 1933 on its bonds and funds deposited in savings accounts.

3. Minutes of the Council.—The minutes of the two hundred and twentieth meeting of the Council as mailed to all members were presented, and on motion of Ullmann, seconded by Gibbons, the following resolution was adopted:

Resolved, That the minutes of the two hundred and twentieth meeting of the Council as mailed to all members be approved.

4. Minutes of the Executive Committee.—The minutes of the one hundred and thirty-ninth meeting of the Executive Committee as mailed to all members of the Council were presented, and on motion of Dukes, seconded by Gibbons and unanimously carried, the following resolution was adopted.

Resolved, That the minutes of the one hundred and thirty-ninth meeting of the Executive Committee be approved.

5. Offices of the Association.—The secretary presented a letter from the manager of the Four Fifty Sutter Building outlining three propositions for the consolidation of the main offices of the Association and the offices occupied by the Department of Public Relations.

After discussion, on motion of Reinle, seconded by Dukes and unanimously carried, the following resolution was adopted:

Resolved, That the offer of the Four Fifty Sutter Corporation to terminate the lease of the main office of this Association, and the lease of the office occupied by the Department of Public Relations, and in lieu thereof to lease to this Association the present main office, together with adjoining additional space of three-quarters of a bay, for the term of five years, at the monthly rental of \$274 and upon the remaining

terms and conditions of the existing lease, with option to renew said lease for a further and second period of five years, be accepted; and be it further

Resolved, That the chairman of the Council and the secretary be and they are hereby authorized to execute such cancellations of said existing leases and said new lease in the name and on behalf of this Association.

6. Annual Session.

Action by the Council.—On motion of Ullmann, seconded by Pallette and unanimously carried, the following resolution was adopted:

Resolved, That Doctor Roblee's suggestion that one-half day during the Riverside session be devoted to clinics be approved and that final arrangements for clinics be made by the Program Committee in conference with the Committee on Arrangements.

The secretary stated that acceptances had been received from Dr. Russell Cecil and Dr. Irvine MacQuarrie to address the second general session and take part in special symposia with the Sections of General Medicine and Pediatrics. The president stated that he had received an acceptance from Harvey Agnew, M.D., to address the first general session on Canadian Health Service plans and developments, and that an invitation had been extended to Dr. F. C. Warnshuis, who had telegraphed that other engagements precluded the acceptance of the invitation. Doctor Reinle stated that he planned to invite Louis I. Dublin, Ph.D., of the Metropolitan Life Insurance Company to address the first general session.

It was stated that the Committee on Public Relations would also devote one general meeting to the discussion of medical economics.

7. Corporate Practice.—Further discussion was had of practice of medicine by corporations. The general counsel informed the Council of the opinion dated December 2, 1933, rendered by Attorney-General U. S. Webb, to the Insurance Commissioner, regarding the health and accident contracts of certain hospital associations, and holding such contracts to be health and accident insurance policies, and such business to be health and accident insurance as defined in Subdivision 6 of the Political Code, Section 594, and that such corporations must conform to the requirements of the insurance laws of the state; that he had directed the attention of the insurance department to the inclusion in such contracts of "laboratory service" and "anesthetic" and "x-ray"; that the ruling presented an additional problem in the development of hospital service plans if such proposed activities, notwithstanding their nonprofit and benevolent character, were held to constitute health and accident insurance; that hospital service plans now being formulated by the Alameda County Medical Association, in conjunction with the hospitals of that county, are now nearly completed.

The general counsel stated that he had furnished the secretary with a copy of the complaint of the State Bar in the action brought by it in the Superior Court of Los Angeles against the Security First National Bank of Los Angeles.

The general counsel stated that developments in various parts of the state indicated that a closer contact between the California Medical Association and the staff, management and owners of standard approved hospitals was extremely desirable, and suggested that the Council should give consideration to the best means of affording such a contact.

Action by the Council.—On motion of Kress, seconded by DeLappe and unanimously carried, the following resolution was adopted:

Resolved, That the Department of Public Relations be requested to continue its survey of the hospital activities and be authorized to take such steps in the matter as conditions may indicate and report back to the Council, with power to appoint a subcommittee to be known as a Committee on Hospitals.

8. Budget.—Karl L. Schaupp, chairman of the Executive Committee, presented the budget of the committee, based on the expenses of the Association, for the year 1933. Final approval of the budget was postponed until the meeting of the Council at the annual session to permit a detailed survey of activities.

9. Committee on Survey of Expenditures and Activities of the Association.—Doctor Roblee brought up the question of activities of the Association.

Action by the Council.—On motion of Roblee, seconded by Kiger and unanimously carried, the following resolution was adopted:

Resolved, That a committee of five be appointed by the chairman of the Council, two of said committee to be members of the Council and three to be members of the Association at large, to survey the activities and expenditures of the California Medical Association and report to the Council at its first meeting at Riverside.

10. Cancer Commission.—A letter was read from the secretary of the Cancer Commission outlining the Commission's plan for a public meeting at Riverside and requesting that the Council give an expression of opinion.

Action by the Council.—On motion of Gibbons, seconded by Schaupp and unanimously carried, the following resolution was adopted:

Resolved, That the Council approve the plan as outlined in the letter of the Cancer Commission and suggest that the meeting be held on Monday evening and limited to a duration of one hour.

11. Reinstatement of Members.—In accordance with Chapter II, Section 2 of the Constitution, the secretary presented a list of members whose memberships had lapsed on account of failure to pay annual assessments by April 1, and whose dues had been forwarded to the Association by component county secretaries since September 30.

Action by the Council.—On motion of Ullmann, seconded by Gibbons and unanimously carried, the following resolution was adopted:

Resolved, That all members of the California Medical Association who have been reinstated by component county medical societies since September 30, 1933, be reinstated to good standing in the California Medical Association for the year 1933.

12. Retired Membership.—The secretary presented membership data and the request of the San Francisco County Medical Society that George Evans be granted retired membership in the California Medical Association.

Action by the Council.—On motion of Tanner, seconded by Schaupp and unanimously carried, the following resolution was adopted:

Resolved, That George H. Evans, M. D., Berkeley, member of the San Francisco County Medical Society, be granted retired membership in the California Medical Association.

13. Death of George G. Hunter.—Edward M. Pallette, chairman of the Special Committee appointed by the chairman of the Council to prepare a resolution on behalf of the Council on the death of George G. Hunter, presented the following resolution, which was unanimously adopted by the Council:

By the tragic death of Dr. George Graham Hunter on December 12, 1933, the Los Angeles County Medical Association and the California Medical Association lost a most outstanding and devoted member. In the councils of both organizations, Doctor Hunter's broad vision and sound judgment were most valuable and highly respected.

Scientific medicine, especially in neurology and psychiatry, likewise sustained a great loss. And the community and state will miss this most useful medical practitioner and civic worker.

Doctor Hunter was born in Illinois. At the age of twelve the family came to California. He attended the University of Southern California one year, but finished his college course at the University of California at Berkeley in 1903. He received the degree of Doctor of Medicine in 1905 from the same institution. In 1907 he came to Los Angeles to become associated with Dr. H. G. Brainerd and in due season became his partner.

Doctor Hunter held many positions of honor and trust in the medical organizations of the city, county, and state. He was past president of the Los Angeles County Medical Association, secretary-treasurer and

past president of the Clinical and Pathological Society, past president of the Society of Psychiatry and Neurology, member of the Board of Councilors of the California Medical Association, Fellow of the American College of Physicians, member of the Insanity Commission of the State, member of the Psychopathic Association of California. He was a member of the staff of the Los Angeles General Hospital for twenty years, and served on the staff of St. Vincent's, Cedar of Lebanon, California and Santa Fe hospitals, as well as several private hospitals. He served for nine months as captain of the Medical Corps with Base Hospital No. 35 in France during the World War. In addition to all of this, he found time for special study in the neurologic centers of Philadelphia, Boston, and Baltimore.

Your committee feels that the splendid and most worthy tribute paid to his memory by Dr. Carl S. Patten, pastor of the First Congregational Church in Los Angeles, at his funeral service so fittingly expresses the sentiments of the entire medical profession that they quote briefly from this address as follows:

"Words and names and outward professions mean little or nothing here. The question of the ancient prophet goes to the root of the matter: 'What doth the Lord require of thee but to do justly, to love mercy, and to walk humbly with thy God.' So Doctor Hunter did, and so he walked; seeking not his own but the good of those who trusted so much to him and in the steps and after the pattern of the Great Physician. I have not known a better Christian man.

"His attachments were deep and permanent. He gave his friendship without stint and his love without recall. And what he thus gave was returned to him in fullest measure. He carried his family and his friends always in his heart. And what he was to those outside, that and vastly more he was to his own. One of his friends said of him: 'He wove himself into your life, so that having once known him you could not get along without him.' There is a motto that hung, and still hangs, in his house: 'If lives were measured by the joy we give, not by the years we chance to live, you, whose fine spirit helps and lifts and cheers so many of us, would live a thousand years.' And so he does live, and so he will live, among us as long as we live."

(Signed) WILLIAM DUFFIELD
CLARENCE G. TOLAND
EDWARD M. PALLETTE

On motion duly made, seconded and unanimously carried, the foregoing tribute was ordered inserted in the records of the Association and a copy sent to Mrs. Hunter.

14. Deaths of Officers of the Association.—Discussion was had of the notification of the office of the secretary in the event of the death of officers of the Association.

Action by the Council.—On motion of Toland, seconded by Roblee and unanimously carried, the following resolution was adopted:

Resolved, That upon the death of an officer of the Association the district councilor notify the office of the secretary of such death and the secretary then notify all officers of the Association.

15. Delinquency of County Society Officer.—The secretary stated that the 1933 dues of one of the officers of a component county society were delinquent and the physician was, therefore, no longer a member of the California Medical Association.

Action by the Council.—On motion of Ullmann, seconded by Toland and unanimously carried, the following resolution was adopted:

Resolved, That the chairman of the Council write to said officer, calling his attention to the provisions of the Constitution and By-Laws, which the Council cannot change, and send a copy of the letter to the president of the component county society.

16. San Diego County Society Dues.—A letter was read from the secretary of the San Diego County Society stating that several members of that society had appealed to the county society for leniency in the matter of loss of membership because of inability to pay the dues either in full or in part.

Action by the Council.—On motion of Schaupp, seconded by Gibbons and unanimously carried, the following resolution was adopted:

Resolved, That the secretary notify the secretary of the San Diego County Society of practices in other counties and call to the secretary's attention the fact that the Constitution and By-Laws of the California Medical Association make no provision for carrying active members without the payment of dues.

17. Membership in Los Angeles County Society.—Doctor Ullmann presented facts regarding the membership of a physician residing and practicing in Ventura County, who had been denied membership in the Ventura County Medical Society and had been accepted for membership in Los Angeles County without obtaining the consent of the Ventura County society.

Action by the Council.—On motion of Palette, seconded by Gibbons and unanimously carried, the following resolution was adopted:

Resolved, That the secretary write the secretary of the Los Angeles County Medical Society requesting a report on the membership of Joseph E. Whitlow, M.D.

18. Councilor-at-Large.—To fill the vacancy created by the death of Dr. George Hunter, Harry H. Wilson of Los Angeles was nominated councilor-at-large by Edward M. Palette of Los Angeles; such nomination was duly seconded. It was moved by George H. Kress, seconded and unanimously carried, that the nominations be closed and the secretary cast the ballot for Dr. Harry H. Wilson. The secretary cast the ballot and the chairman announced the election of Dr. Harry H. Wilson, councilor-at-large, to serve until his successor is elected by the 1934 House of Delegates.

19. Advertising in Journal.—The secretary submitted a report on advertising in CALIFORNIA AND WESTERN MEDICINE.

Doctor Kress stated that the proposed advertising contract with Mr. Adam Guttman, as heretofore authorized and as prepared by the general counsel, could not be accepted by Mr. Guttman, who needed a larger advance, and explained Mr. Guttman's financial situation. Doctor Kress stated that in other respects the contract as prepared by the general counsel, which is otherwise identical with the contract held by Mr. Flynn, was satisfactory to Mr. Guttman and the Los Angeles councilors.

A full discussion was had by the Council.

Action by the Council.—On motion of Kress, seconded by Gibbons and unanimously carried, the following resolution was adopted:

Resolved, That the general counsel revise the contract heretofore prepared by him between this Association and Mr. Adam Guttman, appointing Mr. Guttman the advertising representative of CALIFORNIA AND WESTERN MEDICINE in the southern eight counties, to provide for an advance of \$200 to Mr. Guttman on execution of the contract, and further advances at the rate of \$50 per month thereafter up to \$600 in all; all of said advances to be repaid out of commissions payable to Mr. Guttman until the full amount of said advances has been repaid before he receives any part thereof; and be it further

Resolved, That the chairman of the Council and the secretary be and they are hereby authorized and empowered to execute said agreement with Mr. Guttman in the name and on behalf of this Association.

20. County Hospitals.—The general counsel reported on the county hospital situation.

21. Laboratory Code.—A letter was read from the secretary of the Los Angeles County Medical Association requesting assistance by the Association in the payment of legal fee incurred in the matter of the code group of laboratories of radiology and clinical pathology, the secretary of the Los Angeles County Medical Association stating that the legal service was necessary to protect the medical profession of the state in connection with a state law.

Action by the Council.—On motion of Palette, seconded by Kress and carried, the following resolution was adopted:

Resolved, That, inasmuch as the secretary of the Los Angeles Medical Association had previously consulted the chairman of the Council and the counsel of the Association, the California Medical Association pay \$500 toward the legal expense involved in the matter of the code group of laboratories of radiology and clinical pathology.

Doctors Roblee and Schaupp voted in the negative.

22. Legal Assistance for San Francisco Medical Society Professional Conduct Committee.—A letter was read from the secretary of the San Francisco County Medical Society requesting the Council to permit the county society committee on professional conduct to request legal advice of the general counsel on questions of policy that arise in the course of its work.

Action by the Council.—On motion of Kress, seconded by Harris and unanimously carried, the following resolution was adopted:

Resolved, That only such requests for legal assistance of the general counsel can be considered as come from a component county society through a duly authorized officer.

23. San Joaquin County Society.—A letter was read from the San Joaquin County Society regarding the filing of a brief in the District Court of Appeal. No action taken.

24. Santa Clara County Society.—Doctor Schaupp stated that he had discussed the proposed medical service plan in Santa Clara County with one of the members of the society and that he had been asked if there were any objection to the Santa Clara County Society seeking advice from General Counsel Peart if the expense were handled by the men in Santa Clara County.

Action by the Council.—On motion of Harris, seconded by Palette and unanimously carried, the following resolution was adopted:

Resolved, That the Council has no objection to the employment of Mr. Peart by the Santa Clara County Society and that Doctor Schaupp can so notify his correspondent.

25. Recess.—On motion of Palette, seconded by Phillips and unanimously carried, a recess of the Council was declared to permit a meeting of the Trustees Of The California Medical Association and the Medical Society of the State of California.

26. Call to Order.—After a recess, the meeting was called to order by the chairman.

27. Nominating Committee for Standing Committees.—Discussion was had of the desirability of a nominating committee to select nominees for vacancies on standing committees, which will occur at the annual session at Riverside.

Action by the Council.—On motion of Schaupp, seconded by Phillips and unanimously carried, the following resolution was adopted:

Resolved, That the president be authorized to appoint a nominating committee, which shall submit prior to the second meeting of the House of Delegates, names of nominees for vacancies on standing committees for approval by the Council and submission to the House of Delegates.

28. Woman's Auxiliary.—T. Henshaw Kelly, chairman of the Executive Committee's Committee on Amendments to the Woman's Auxiliary, submitted a verbal report. Doctor Kelly stated that the provisions of the Constitution regarding submission to officers and county societies and publication in the JOURNAL had been complied with and that his Special Committee felt there were just two points to be considered further—one regarding the appointment of all standing committee chairmen by the president, and the other the wording of the provisions on the board of directors.

Action by the Council.—On motion of Palette, seconded by Roblee and unanimously carried, the following resolution was adopted:

Resolved, That the Council approve the amendments to the Constitution submitted by the Woman's Auxiliary with the exception of the provisions regarding the appointment of all committee chairmen by the

president and the conflict regarding the membership of the board of directors, which shall be placed on the docket for further discussion at the first meeting of the Council at Riverside.

Doctor Roblee stated that Mrs. Doane and Mrs. Coulter had spent a day at Riverside and had expressed the desire that they be allowed \$300 for the entertainment of guests by the Auxiliary at Riverside, stating that it might not be necessary to use the entire allocation.

Action by the Council.—On motion of Roblee, seconded by Reinle and unanimously carried, the following resolution was adopted:

Resolved, That the California Medical Association allow the Woman's Auxiliary a credit of \$300 for entertainment at Riverside, to be used at the discretion of the Auxiliary.

29. **Ethics.**—Discussion was had of the revision of professional ethics to comply with present-day practice of medicine and to provide for medical service as contemplated by various county societies.

Action by the Council.—On motion of Kress, seconded by Schaupp and unanimously carried, the following resolution was adopted:

Resolved, That a committee consisting of the president, the president-elect, the chairman of the Council, and the general counsel be appointed to study the present Code of Ethics and submit a report to the Council.

30. **Riverside County Society.**—A letter was submitted from the Riverside County Society stating that it desired to amend its Constitution to provide that "No member of the Riverside County Medical Society shall engage to practice through any corporation, lay or otherwise, directly organized to care for the sick, that has not received the sanction of the California Medical Association."

Action by the Council.—On motion duly made, seconded and carried, the following resolution was adopted:

Resolved, That the Council considers this a proper amendment to the Constitution and By-Laws of the Riverside County Medical Society.

31. **Federal Relief.**—Doctor Kelly, chairman of the Special Committee on Federal Relief, submitted a brief report on the present status of federal relief and the Civil Works Administration.

32. **Fees.**—A letter was read from the secretary of the San Diego County Medical Society objecting to the reduction in fees for general examination of ex-service men and stating that members of the county medical society be barred from doing these examinations unless a readjustment of the schedule is made. No action taken.

33. **Book List.**—The Director of the Department of Public Relations stated that the libraries in Los Angeles wanted to place the list of books recommended by the California Medical Association in library windows, etc., and were desirous that the lists should bear the notation, "Recommended by the California Medical Association." The Council agreed with Doctor Dickie that it was one thing to recommend certain books and another to publicize such list.

After discussion, on motion of Gibbons, seconded by Kiger and unanimously carried, the following resolution was adopted:

Resolved, That lists of books prepared for reading by the laity shall not bear notation of recommendation by the California Medical Association because if any books are recommended, in justice to all, the Association would have to pass upon any submitted to it, and at present no estimate of the amount of work this might mean can be made.

34. **Orange County Bulletin.**—A letter was read from the Orange County Society requesting an exchange between the Orange County Bulletin and CALIFORNIA AND WESTERN MEDICINE.

Action by the Council.—On motion of Gibbons, seconded by Toland and unanimously carried, the following resolution was adopted:

Resolved, That the request of the Orange County Society be granted.

35. **Lectures.**—A letter was read from the Santa Barbara Clinic requesting advice on the ethics of members of medical groups presenting lectures to their own patients on preventive medicine. It was stated that no advertising, newspaper notices or uncontrolled publicity would be given the lectures, the present patient group alone being informed of the lectures.

Action by the Council.—On motion of Schaupp, seconded by Toland and unanimously carried, the following resolution was adopted:

Resolved, That the Council sees no objection to lectures given by physicians to their own patients provided that no newspaper or other publicity be given the lectures.

36. **Membership in Ventura.**—Doctor Ullmann stated that Ventura County was considering adopting a by-law whereby any physician who failed to attend four consecutive meetings of the society would be dropped from membership. It was pointed out that this would deprive physicians of their membership in the state and national associations and that even if a man were too busy to attend meetings his coöperation and affiliation with county societies was most desirable.

Action by the Council.—On motion of Gibbons, seconded by Toland and unanimously carried, the following resolution was adopted:

Resolved, That the Council does not approve of the proposed by-law of Ventura County Medical Society.

37. **Basic Science Act.**—Doctor Toland stated he believed it was desirable to consider the adoption of a basic science law in California.

Action by the Council.—On motion of Toland, seconded by Kress and unanimously carried, the following resolution was adopted:

Resolved, That the former committee on the Basic Science Act be revived and that it have power to appoint additional advisory members; and that it submit a progress report at the next meeting of the Council.

38. **Rolphing Appeal.**—Correspondence regarding the appeal of Rudolph Rolphing to the Council of the California Medical Association was presented. The secretary stated that on December 2, 1933, a registered letter had been forwarded to Doctor Rolphing, setting January 20, 1934, as the date for the hearing of his appeal; that although a return receipt from the post-office had been received by the Association evidencing the delivery of the letter to Doctor Rolphing, no reply had been received.

39. **Council Meeting.**—On motion of Gibbons, seconded by Reinle and unanimously carried, the following resolution was adopted:

Resolved, That the next meeting of the Council be held at Riverside at 8 p. m. Sunday, April 29, 1934.

40. **Adjournment.**—There being no further business the meeting adjourned.

T. HENSHAW KELLY, *Chairman.*
EMMA W. POPE, *Secretary.*

EXECUTIVE COMMITTEE DIGESTS*

Digest of the Minutes of the One Hundred and Fortieth Meeting of the Executive Committee

Held in the offices of the Association, April 7, 1934, at 9:30 a. m.

1. **Roll Call.**—All members present.

2. **Financial Statements.**—Financial statements for the months of December, 1933 and January, February, and March, 1934, presented and approved.

3. **Hospital Service Plans.**—Discussion of adaptability of Alameda County Hospital Service plan to state-wide set-up.

Resolved, That Alameda plan be approved by Executive Committee and recommended for unanimous passage by Council prior to annual meeting at Riverside.

* For the information of members, digests or summaries of the minutes of the Executive Committee meetings are compiled for publication in CALIFORNIA AND WESTERN MEDICINE.

4. **Public Health League Exhibit.**—Request of the Public Health League of California for exhibit space at the Riverside session granted.

5. **Publicity for Annual Session.**—The Publicity Committee for the Riverside meeting, consisting of Doctors Kress, Wilson, and Kelly, was appointed. Expense of attendance at the Riverside session of Messrs. Hill and Cochems authorized.

6. **Pre-Convention Bulletin.**—Reprints of the Pre-Convention Bulletin not authorized. Publication in CALIFORNIA AND WESTERN MEDICINE deemed sufficient.

7. **State and Assembly Districts.**—Los Angeles County plan for mapping senate and assembly districts explained.

Resolved, Committee appointed, consisting of Doctors Reinle, Wilson, Kelly, and Harris, to organize the senate and assembly districts, with power to engage necessary help.

8. **Legislation.**—Discussion of proposed legislation to be presented at the next session of the legislature: (a) Proposed malpractice bill. (b) Basic science act. (c) Resolution of Lawyers' Club of Los Angeles for the relief of professional men; general counsel was authorized to reply to Lawyers' Club letter. (d) Proposed bill for hospitalization of persons injured on highways. Doctor Harris was appointed to reply to letter from Sonoma County Society asking for information on legislation.

9. **Child Welfare.**—Letter from Doctor Stadtmuller, Bureau of Child Hygiene, regarding examination of school children read. A special committee, consisting of Doctors Kelly, Reinle, Dickie, and Wilson, was appointed to work with the director of public health, with authority to act.

10. **Date of Council Meeting.**—The date of the next Council meeting was set for 2 p. m. at Riverside, Sunday, April 28, 1934.

11. **County Hospitals.**—Letter from Doctor Tanner regarding services rendered by physicians and surgeons in county hospitals. Doctor Tanner was requested to present written statement for discussion at the annual session. The general counsel was authorized to reply to Doctor Tanner.

12. **Survey Graphic.**—Secretary instructed to secure copies of April issue of *Survey Graphic* for councilors if possible.

13. **Committee on History and Obituaries.**—Doctor Kress stated that he had secured three books containing information on medical history in California. Three medical history books purchased for the Association by Doctor Kress accepted and reimbursement for the amount expended in the purchase of same authorized. Committee on History and Obituaries allocated \$300 for the purchase of books, etc., necessary for use in the compilation of a history of the California Medical Association, subject to the approval of the chairman of the Executive Committee.

14. **Roster of Members.**—Discussion of value of roster of membership. The secretary of the Association was authorized to send out a letter to delinquent members, stating that a list of members as of May 1 will be published in the JOURNAL, and calling their attention to the loss of membership in county, state, and national associations, due to delinquency. The president of the Association was authorized to invite, by letter, members of the Association to the Riverside session.

15. **Complimentary Copy of Journal.**—Doctor Kress stated that the president of the Wisconsin Medical Society had asked that he be given a complimentary copy of the JOURNAL, in addition to the exchange copy already sent to the state society. Request granted.

16. **Commissions on Exhibit Space.**—Twenty-five per cent commission allowed advertising agents on contracts secured from other than advertisers on exhibit space at the Riverside session.

17. **Adjournment.**—There being no further business the meeting adjourned.

KARL L. SCHAUPP, *Chairman.*
EMMA W. POPE, *Secretary.*

Minutes of the Two Hundred and Twenty-Second Meeting of the Council of the California Medical Association

The following minutes were approved by the Council at its two hundred and twenty-sixth meeting, held at Mission Inn, Riverside, on May 3, 1934.

Held in the Alhambra Room, Mission Inn, Riverside, Sunday, April 29, 1934, 3:30 p. m.

Present.—Doctors George G. Reinle, president; Clarence G. Toland, president-elect; Edward M. Palette, speaker; T. Henshaw Kelly, chairman of Council; Karl L. Schaupp, chairman of the Executive Committee; Councilors W. W. Roblee, C. R. Howson, H. J. Ullmann, F. R. DeLappe, A. L. Phillips, O. D. Hamlin, C. E. Schoff, H. S. Rogers, Harry H. Wilson, C. O. Tanner, W. H. Kiger, M. R. Gibbons, J. B. Harris; C. A. Dukes, chairman of Committee on Public Relations; Emma W. Pope, secretary-treasurer; George H. Kress, editor; Walter M. Dickie, director of the Department of Public Relations; and Hartley F. Peart, general counsel.

Absent.—None.

1. **Call to Order.**—The meeting was called to order by the chairman, T. Henshaw Kelly.

2. **Minutes of the Council.**—Minutes of the two hundred and twentieth meeting of the Council as mailed to all members were presented.

Action by the Council.—On motion of Ullmann, seconded by Schaupp and unanimously carried, the following resolution was adopted:

Resolved, That the minutes of the two hundred and twentieth meeting of the Council as mailed to all members be approved.

3. **Report of the Council.**—T. Henshaw Kelly, chairman of the Council, submitted the report of the Council for discussion and revision before presentation to the House of Delegates. The report was read and discussed section by section.

The problem of emergency relief was discussed in detail and on motion of Kress, seconded by Palette and unanimously carried, the following resolution was adopted:

Resolved, That a Special Committee, consisting of Doctors Wilson, Kelly, and Schaupp, be appointed to revise the section on Emergency Relief and present a draft to the Council on Monday for inclusion in the report of the Council for presentation to the House of Delegates.

After discussion, it was agreed that the Special Committee on the Basic Science Act should submit a report to the House of Delegates.

The question of the annual assessment of dues was discussed and on motion of Phillips, seconded by Howson and unanimously carried, the following resolution was adopted:

Resolved, That the Council recommend to the House of Delegates that the annual dues for the year 1935-36 be fixed at \$10.

4. **Reports of Officers and Committees.**—The reports of the secretary-treasurer, editor, Auditing Committee, Committee on Public Relations, and Cancer Commission, as published in the Pre-Convention Bulletin in the April issue of CALIFORNIA AND WESTERN MEDICINE, were presented.

Action by the Council.—On motion of Ullmann, seconded by Harris and unanimously carried, the following resolution was adopted:

Resolved, That the foregoing reports be approved as published in the Pre-Convention Bulletin (April issue of CALIFORNIA AND WESTERN MEDICINE).

The reports of the Standing and Special Committees, as published in the Pre-Convention Bulletin, were presented and on motion of Ullmann, seconded by Palette, the following resolution was adopted:

Resolved, That the reports of Standing Committees, as published in the April issue of CALIFORNIA AND WESTERN MEDICINE, be approved.

5. **Trustees Of The California Medical Association.**—T. Henshaw Kelly, president of the Trustees Of The California Medical Association, presented a report on

the financial status of the Trustees. The report was unanimously approved by the Council.

6. Amendments to the Constitution of the Woman's Auxiliary.—Discussion was had of the proposed amendments to the Woman's Auxiliary.

Action by the Council.—On motion duly made, seconded and carried, the following resolution was adopted:

Resolved, That the Council does not approve the proposed revised amendments relating to Article V, Section 1, and Article VIII, Section 2, and suggests that the Woman's Auxiliary amend its procedure for the selection of standing committees to conform to those of the California Medical Association as set forth in Chapter V, Section 2, of the By-Laws of the California Medical Association; and be it further

Resolved, That the Council approves suggested amendments to Article VII, Section 9, if "as revised November, 1933," is added at end of proposed amendment.

7. Invitation to Officers and Councilors.—Dr. William Roblee extended an invitation to the members of the Council to be his guests at luncheon at his home on Monday immediately following adjournment of the first general session. The invitation was cordially accepted by the members.

8. Officers Luncheon.—The secretary announced that the luncheon for county society officers and officers of the California Medical Association would be held on Tuesday at 1 p. m. in the refectory room.

9. House of Delegates Program.—The program for the first meeting of the House of Delegates as published in the official program was amended to include a report by the Committee on Basic Science Act following item 13, and was then approved as amended. The program for the second meeting of the House of Delegates was approved as published in the official program.

10. Report of the Legal Department.—General Counsel Peart submitted the report of the legal department.

Mr. Peart discussed the use of county hospitals throughout the state by the non-indigent and explained the steps which had been taken to curtail this practice.

Mr. Peart then presented the proposed hospital service plan, which was discussed in detail by the members of the Council.

At this point adjournment was taken until 8:30 p. m.

Adjourned Meeting

1. Call to Order.—The adjourned meeting of the Council was called to order by the chairman, T. Henshaw Kelly.

2. Redistricting Council Districts.—Doctor Ullmann, councilor of the third district, stated that he had discussed with the councilor of the first district the changing of San Bernardino County from the third to the first district, since San Bernardino is adjacent to Riverside and if placed in the first councilor district would receive considerably greater contact from the councilor.

Action by the Council.—On motion of Kress, seconded by Phillips and unanimously carried, the following resolution was adopted:

Resolved, That the chairman appoint a committee of three to present a report to the Council on redistricting the first and third districts.

The chairman appointed as members of the committee, Doctors Rogers, Roblee, and Ullmann.

3. Hospital Service Plans.—The proposed plan for hospital service was discussed in detail by members of the Council and the general attorney.

A tentative resolution was read providing for the establishment by the Association of a plan for reducing the cost of illness by the organization of an insurance corporation under the laws of the state of California to provide hospital service on a periodic payment basis.

Action by the Council.—On motion duly made, seconded and carried, the following resolution was adopted:

Resolved, That the tentative resolution on hospital service be placed in the hands of a committee of three, to be appointed by the chairman, for revision and presentation at the Monday Council meeting.

The chairman appointed as members of the committee, Doctors Reinle, Schaupp, and Harris.

4. Adjournment.—There being no further business the meeting adjourned to meet at 2:30 p. m. Monday.

T. HENSHAW KELLY, *Chairman.*
EMMA W. POPE, *Secretary.*

Minutes of the Two Hundred and Twenty-Third Meeting of the Council of the California Medical Association

The following minutes were approved by the Council at its two hundred and twenty-sixth meeting, held at Mission Inn, Riverside, on May 3, 1934.

Held in the Alhambra Room, Mission Inn, Riverside, Monday, April 30, 1934, at 2:30 p. m.

Present.—Doctors George G. Reinle, president; Clarence G. Toland, president-elect; Edward M. Pallette, speaker; T. Henshaw Kelly, chairman of Council; Karl L. Schaupp, chairman of the Executive Committee; Councilors W. W. Roblee, C. R. Howson, H. J. Ullmann, F. R. DeLappe, A. L. Phillips, C. E. Schoff, H. S. Rogers, H. H. Wilson, C. O. Tanner, W. H. Kiger, M. R. Gibbons, J. B. Harris; C. A. Dukes, chairman of the Committee on Public Relations; Emma W. Pope, secretary-treasurer; George H. Kress, editor; Walter M. Dickie, director of the Department of Public Relations; and Hartley F. Peart, general counsel.

Absent.—Dr. O. D. Hamlin.

1. Call to Order.—The meeting was called to order by the chairman, T. Henshaw Kelly.

2. Invitation for Annual Session.—Dr. G. W. Walker, Mayor Z. S. Leymel, Senator Hamilton, and Mr. Clayton Smith extended an invitation to the Association to hold the next annual session of the California Medical Association at Fresno.

3. Hospital Service Plan.—Further discussion was had on the proposed hospital service plan. The resolution prepared for submission to the House of Delegates was read and discussed, with particular reference to the scope of the proposed organization and the financial obligations of the Association.

Action by the Council.—On motion of DeLappe, seconded by Schoff, the following resolution was presented:

Resolved, That the hospital service plan be carried to the House of Delegates by its sponsors, if they so desire, without recommendation by the Council.

After further discussion a vote was taken on the resolution. Thirteen negative and five affirmative votes were cast. Motion defeated. (Doctors Pallette, DeLappe, Schoff, Rogers, and Wilson voted in the affirmative.)

Action by the Council.—On motion of Reinle, seconded by Dukes, the following resolution was adopted:

Resolved, That the hospital service plan be presented to the House of Delegates with the recommendation of the Council.

Doctors DeLappe, Pallette, Schoff, Rogers, and Wilson voted in the negative.

The Council felt that the fact that this hospital plan is a state-wide plan of organization and not designed for any one county should be clarified for the House of Delegates.

Action by the Council.—On motion of Howson, seconded by Reinle, the following resolution was adopted:

Resolved, That this Council instruct Mr. Peart to prepare a brief summary of this plan, making it definite and clear that this is not the Alameda County Plan for hospital service, and that he submit this summary to the Council for discussion before presen-

tation at the Wednesday night meeting of the House of Delegates and that the secretary arrange to have a copy in the hand of each delegate on Wednesday evening.

4. Committee on Survey of Activities and Expenditures of Association.—Dr. William Roblee, chairman of the Special Committee on Survey of Activities and Expenditures of the Association, submitted the report of his committee.

Action by the Council.—On motion of Ullmann, seconded by Reinle and unanimously carried, the following resolution was adopted:

Resolved, That the report of the Committee on Expenditures be accepted and that it be presented by the chairman of the Committee to the House of Delegates.

5. Redistricting of First and Third Councilor Districts.—The special committee appointed to make recommendation on the redistricting of the first and third councilor districts by removing San Bernardino County from the third district and placing it in the first district stated that the change would provide for better contact with the San Bernardino County Society and that no objection could be made.

Action by the Council.—On motion of Rogers, seconded by Ullmann and unanimously carried, the following resolution was adopted:

Resolved, That the Council recommend to the House of Delegates the redistricting of councilor districts numbers one and three by the placing of San Bernardino County in District No. 1, provided that the change is agreeable to the delegates of the respective districts.

6. Membership.—A letter from the Santa Clara County Medical Society asking that Jonas Clark be granted special membership in the Association was read.

Action by the Council.—On motion of Phillips, seconded by Howson and unanimously carried, the following resolution was adopted:

Resolved, That Dr. Jonas Clark, Gilroy, member of the Santa Clara County Medical Society, be granted retired membership in the California Medical Association.

7. Publicity and Education.—Discussion was had of the opportunities for medical education and publicity throughout the state with special reference to Kern County.

Action by the Council.—On motion of Dukes, seconded by Gibbons and unanimously carried, the following resolution was adopted:

Resolved, That the Committee on Hospitals, Dispensaries, and Clinics be granted \$500 for purposes of publicity and education in Kern County.

8. Interim Committee on Health Insurance.—After discussion it was decided that the Interim Committee should incorporate its report into the report of the Council for submission to the House of Delegates.

Action by the Council.—On motion of Ullmann, seconded by Phillips and unanimously carried, the following resolution was adopted:

Resolved, That the report of the Interim Committee be accepted and the committee continued.

9. Adjournment.—There being no further business the meeting adjourned to meet at 9:30 a. m. Tuesday.

T. HENSHAW KELLY, *Chairman*.
EMMA W. POPE, *Secretary*.

Minutes of the Two Hundred and Twenty-Fourth Meeting of the Council of the California Medical Association

The following minutes were approved by the Council at its two hundred and twenty-sixth meeting, held at Mission Inn, Riverside, on May 3, 1934.

Held in the Alhambra Room, Mission Inn, Riverside, California, Tuesday, May 1, 1934, at 9:30 a. m.

Present.—Doctors George G. Reinle, president; Clarence G. Toland, president-elect; Edward M. Palette, speaker; T. Henshaw Kelly, chairman of the

Council; Karl L. Schaupp, chairman of the Executive Committee; Councilors W. W. Roblee, C. R. Howson, H. J. Ullmann, F. R. DeLappe, A. L. Phillips, C. E. Schoff, H. S. Rogers, H. H. Wilson, C. O. Tanner, W. H. Kiger, M. R. Gibbons, J. B. Harris; C. A. Dukes, chairman of the Committee on Public Relations; Emma W. Pope, secretary-treasurer; George H. Kress, editor; Walter M. Dickie, director of the Department of Public Relations; and Hartley F. Peart, general counsel.

Absent.—Dr. O. D. Hamlin.

1. Call to Order.—The meeting was called to order by the chairman, T. Henshaw Kelly.

2. Minutes of the Executive Committee.—The minutes of the one hundred and fortieth meeting of the Executive Committee as mailed to all councilors were presented.

Action by the Council.—On motion of Ullmann, seconded by Gibbons and unanimously carried, the following resolution was adopted:

Resolved, That the minutes of the one hundred and fortieth meeting of the Executive Committee be approved:

3. Invitations for Annual Meeting.—The secretary presented invitations for the next annual session from Hotel Coronado, Yosemite, Hotel Ambassador, San Francisco, and Fresno.

Action by the Council.—After discussion, on motion of Dukes, seconded by Phillips, and unanimously carried, the following resolution was adopted:

Resolved, That the next annual session of the California Medical Association be held at Yosemite.

The question of the most advantageous date for the annual session was discussed, and it was decided that, in order to avoid conflict with the American Medical Association and other meetings, the date be set at a later time.

Action by the Council.—On motion of Kress, seconded by Tanner, and unanimously carried, the following resolution was adopted:

Resolved, That the Executive Committee be empowered to set the date of the next annual session.

4. Memberships.—Request of the board of directors of the San Francisco County Medical Society that John Campbell Spencer be granted retired membership was presented.

Action by the Council.—On motion of Toland, seconded by Howson and unanimously carried, the following resolution was adopted:

Resolved, That John Campbell Spencer, Palo Alto, member of the San Francisco County Medical Society, be granted retired membership in the California Medical Association.

Request of the board of directors of the San Francisco County Medical Society that Herbert Gunn be granted retired membership was presented.

Action by the Council.—On motion of Roblee, seconded by Gibbons and unanimously carried, the following resolution was adopted:

Resolved, That Herbert Gunn, San Francisco, member of the San Francisco County Medical Society, be granted retired membership in the California Medical Association.

Request of the board of directors of the San Francisco County Medical Society that Gertrude Spriggs be granted retired membership was presented.

Action by the Council.—On motion of Dukes, seconded by Gibbons and unanimously carried, the following resolution was adopted:

Resolved, That Gertrude Spriggs, Lomita, member of the San Francisco County Medical Society, be granted retired membership in the California Medical Association.

Request from the San Diego County Medical Society that George B. Worthington be granted retired membership was presented.

Action by the Council.—On motion of Tanner, seconded by Dukes and unanimously carried, the following resolution was adopted:

Resolved, That George B. Worthington, San Diego, member of the San Diego County Medical Society, be granted retired membership in the California Medical Association.

5. Physical Therapy.—The secretary stated that the chairman of the Committee on Physical Therapy desired to submit a report for his committee. The secretary was instructed to ask Doctor Hibben to file his report with the Council for consideration.

The value of physical therapy in the practice of medicine was pointed out.

Action of the Council.—On motion of Kress, seconded by Pallette and unanimously carried, the following resolution was adopted:

Resolved: That the chairman of the Council or the president of the Association be empowered to appoint a special committee of five on physical therapy.

6. Woman's Auxiliary.—Letters of appreciation of the \$300 donation to the Woman's Auxiliary were presented and ordered filed.

7. Commission to Advertising Agents.—Discussion was had of the payment of commissions on exhibit space sold by advertising agents. It was pointed out that it was agreed that 25 per cent commission should be allowed on all space sold by advertising agents, but that a question had arisen as to whether such commissions earned were to be deducted from the cash advanced the southern advertising agent, or whether such commissions on exhibit space were to be considered separate and distinct from the contract covering advertising commission and were to be paid in cash.

Action by the Council.—On motion of Gibbons, seconded by Roblee and unanimously carried, the following resolution was adopted:

Resolved, That the commissions on exhibit space be paid forthwith on the basis that it is a separate transaction from regular advertising in the JOURNAL.

8. Publicity.—A letter from the secretary of the Los Angeles County Medical Association was presented together with attached publicity regarding a paper submitted at the meeting of the American Urological Association by a member of the San Francisco County Medical Society. The letter of the Los Angeles Association pointed out the necessity of rigid control of publicity.

Action by the Council.—On motion of Schaupp, seconded by Gibbons and Ullmann, the following resolution was adopted:

Resolved, That a copy of the letter of the Los Angeles County Medical Society and the attached publicity be referred to the San Francisco County Medical Society.

9. American Urological Society Meeting.—A request was presented that the Council invite the American Urological Association to meet in San Francisco in 1935.

Action by the Council.—On motion of Schaupp, seconded by Ullmann and unanimously carried, the following resolution was adopted:

Resolved, That the Council of the California Medical Association extend an invitation to the American Urological Association to meet in San Francisco in 1935.

10. Legislation.—Discussion was had of a proposed malpractice bill which has received the endorsement of the Public Health League. The general counsel outlined the advantages and disadvantages of such legislation.

Action by the Council.—On motion of Kress, seconded by Reinle and unanimously carried, the following resolution was adopted:

Resolved, That a report on proposed malpractice legislation be submitted by the general counsel at the May meeting of the Council.

Doctor Harris outlined briefly the proposed legislation for the next session of the legislature and stressed the importance of local contacts in the various communities.

Doctor Kelly stated that several members of the Council felt that the transcript of the decision rendered by Judge James of San Jose was of value to the Association and a copy had been obtained at an expense of \$50.

Action by the Council.—On motion of Pallette, seconded by DeLappe and unanimously carried, the following resolution was adopted:

Resolved, That the expenditure of \$50 for securing of the transcript of the decision of Judge James relative to chiropractors be approved.

11. Adjournment.—There being no further business the meeting adjourned until 10 a. m. Wednesday.

T. HENSHAW KELLY, *Chairman.*

EMMA W. POPE, *Secretary.*

Minutes of the Two Hundred and Twenty-Fifth Meeting of the Council of the California Medical Association

The following minutes were approved by the Council at its two hundred and twenty-sixth meeting, held at Mission Inn, Riverside, on May 3, 1934.

Held in the Alhambra Room, Mission Inn, Riverside, Wednesday, May 2, 1934, at 2:30 p. m.

Present.—Doctors George G. Reinle, president; Clarence G. Toland, president-elect; Edward M. Pallette, speaker; T. Henshaw Kelly, chairman of Council; Karl L. Schaupp, chairman of the Executive Committee; Councilors W. W. Roblee, C. R. Howson, H. J. Ullmann, F. R. DeLappe, A. L. Phillips, C. E. Schoff, H. S. Rogers, H. H. Wilson, C. O. Tanner, W. H. Kiger, M. R. Gibbons, J. B. Harris; C. A. Dukes, chairman of the Committee on Public Relations; Emma W. Pope, secretary-treasurer; George H. Kress, editor; Walter M. Dickie, director of the Department of Public Relations; and Hartley F. Peart, general counsel.

Absent.—Dr. O. D. Hamlin.

1. Call to Order.—The meeting was called to order by the chairman, T. Henshaw Kelly.

2. Hospital Service.—Further discussion was had of the proposed hospital service plan. The general counsel submitted a proposed statement clarifying the service to be offered. After full consideration the statement was accepted for presentation to the House of Delegates, and the secretary was requested to have mimeographed copies made for distribution to the House of Delegates.

3. Z. T. Malaby.—Dr. Z. T. Malaby, member of the California Medical Association, advised the Council of his candidacy for governor on the Democratic ticket.

Doctor Harris spoke of the coöperation of Doctor Malaby in legislative matters, and it was agreed that Doctor Malaby would be introduced to members of the House of Delegates at the evening session.

4. Nominees for Standing Committees.—Dr. Robert Peers, chairman of the Special Committee on Nominees for Standing Committees, submitted the report of his committee. After full discussion, the membership of the standing committees was designated as follows:

<i>Committee on Associated Societies and Technical Groups</i>		
William W. Roblee (Chairman).....	Riverside	1937
Clifford Sweet.....	Oakland	1935
William H. Geistweit.....	San Diego	1936

<i>Committee on Extension Lectures</i>		
Robert T. Legge, (Chairman).....	Berkeley	1937
James F. Churchill.....	San Diego	1935
J. Homer Woolsey.....	Woodland	1936
Secretary ex officio.		

<i>Committee on Health and Public Instruction</i>		
Fred B. Clarke (Chairman).....	Long Beach	1935
W. R. P. Clark.....	San Francisco	1936
Benjamin W. Black.....	Oakland	1937

<i>Committee on Hospitals, Dispensaries, and Clinics</i>		
Daniel Crosby (Chairman).....	Oakland	1936
John C. Ruddock.....	Los Angeles	1935
Karl L. Schaupp.....	San Francisco	1937

Committee on History and Obituaries

George D. Lyman (Chairman)	San Francisco	1937
Charles D. Ball	Santa Ana	1935
J. Marion Read	San Francisco	1936
Secretary ex officio.		
Editor ex officio.		

Committee on Industrial Practice

Morton R. Gibbons (Chairman)	San Francisco	1935
Mott H. Arnold	San Diego	1936
Harry E. Zaiser	Orange	1937

Committee on Medical Defense

George G. Reinle (Chairman)	Oakland	1935
Fred R. DeLappe	Modesto	1936
John P. Nuttall	Santa Monica	1937

Committee on Medical Economics

John H. Graves (Chairman)	San Francisco	1935
William R. Molony, Sr.	Los Angeles	1936
Willard Stone	Pasadena	1937

Committee on Medical Education and Medical Institutions

Loren R. Chandler (Chairman)	San Francisco	1936
George Dock	Pasadena	1935
John B. Doyle	Los Angeles	1937

Committee on Membership and Organization

Harry H. Wilson (Chairman)	Los Angeles	1935
Dewey R. Powell	Stockton	1936
Thomas H. McGavack	San Francisco	1937
Secretary ex officio.		

Committee on Publications

Percy T. Magan (Chairman)	Los Angeles	1937
Ruggles A. Cushman	Talmage	1935
Frederick F. Gundrum	Sacramento	1936
Secretary ex officio.		
Editor ex officio.		

Committee on Public Policy and Legislation

Junius B. Harris (Chairman)	Sacramento	1935
Fred R. DeLappe	Modesto	1936
E. T. Remmen	Glendale	1937
President ex officio.		
President-elect ex officio.		

Committee on Scientific Work

J. Homer Woolsey	Woodland	1935
F. M. Pottenger	Monrovia	1936
Lemuel P. Adams	Oakland	1937
Secretary of Section on General Medicine.		
Secretary of Section on General Surgery.		
Emma W. Pope (ex officio), chairman.		

5. Guest Speakers.—The secretary advised that the Northern Dental Association had extended an invitation to Morris Fishbein to address its next session and that Dr. Fishbein had agreed to accept provided the medical profession invited him to address that organization at the same time.

Action by the Council.—On motion duly made, seconded and carried, the following resolution was adopted:

Resolved, That the Northern Dental Association's request be referred to the Council for consideration at the May meeting.

Doctor Gibbons brought to the attention of the Council the fact that when speakers were invited from outside the state many of the local communities invited them to speak in the various localities at local meetings and that in many instances the expenses of such visits had to be borne by the guest speakers, who believed that the acceptance of the invitation of the State Association obligated them to address local units.

The Council agreed that in inviting guests it should be clearly stated that they were not obligated to accept an invitation from local groups throughout the state.

The secretary reported that one of the invited guests, in order to be present at the session in time for his program, had to come by airplane at an additional expense to that authorized by the Council.

Action by the Council.—On motion of Ullmann, seconded by Schaupp, the following resolution was adopted:

Resolved, That Dr. Russell Cecil be reimbursed for the amount of additional expense entailed by airplane transportation.

Discussion was had of the expense incurred by invited guests for meals to and from the annual session.

Action by the Council.—On motion of Gibbons, seconded by Harris and unanimously carried, the following resolution was adopted:

Resolved, That invited guests to the annual session be allowed a per diem of \$5 for expenses while traveling to and from the place of their residence to the place of the annual session.

6. Adjournment.—There being no further business the meeting adjourned to meet at 8:30 a. m. Thursday.

T. HENSHAW KELLY, *Chairman.*

EMMA W. POPE, *Secretary.*

Minutes of the Two Hundred and Twenty-Sixth Meeting of the Council of the California Medical Association

The following minutes were approved by the Council at its two hundred and twenty-sixth meeting, held at Mission Inn, Riverside, on May 3, 1934.

Held in the Alhambra Room, Mission Inn, Riverside, Thursday, May 3, 1934, at 8:30 a.m.

Present.—Doctors Clarence G. Toland, president; Robert A. Peers, president-elect; Edward M. Palette, speaker; T. Henshaw Kelly, chairman of Council; Karl L. Schaupp, chairman of the Executive Committee; Councilors W. W. Roblee, C. R. Howson, H. J. Ullmann, F. R. DeLappe, A. L. Phillips, C. E. Schoff, H. S. Rogers, Harry H. Wilson, C. O. Tanner, W. H. Kiger, M. R. Gibbons, J. B. Harris; C. A. Dukes, chairman of the Committee on Public Relations; Emma W. Pope, secretary-treasurer; George H. Kress, editor; Walter M. Dickie, director of the Department of Public Relations; and Hartley F. Peart, general counsel.

Absent.—Dr. O. D. Hamlin.

1. Call to Order.—The meeting was called to order by the chairman, T. Henshaw Kelly.

2. Minutes of the Council.—The minutes of the 222nd, 223rd, 224th, and 225th meetings of the Council were presented by the secretary, and on motion duly made, seconded and carried, were approved.

3. Election of Chairman of the Council.—Doctor Kelly stated that the next order of business would be the election of a chairman of the Council for the ensuing year. Doctor Kelly then asked the vice-chairman, Morton R. Gibbons, to take the chair. Doctor Gibbons took the chair and called for nominations for a chairman of the Council.

T. Henshaw Kelly was nominated chairman of the Council by William H. Kiger of Los Angeles; such nomination was seconded by Alfred L. Phillips. Robert Peers moved that the nominations be closed and the secretary be instructed to cast the ballot; such motion was seconded by Charles A. Dukes.

The secretary cast the ballot and the chairman *pro tem* announced the election of T. Henshaw Kelly as chairman of the Council for the ensuing year. Doctor Kelly then took the chair.

4. Election of Vice-Chairman of the Council.—Morton R. Gibbons was nominated by Carl R. Howson as vice-chairman of the Council for the ensuing year; such nomination was seconded by Harry H. Wilson. William H. Kiger moved that the nominations be closed and the secretary be instructed to cast the ballot; such motion was seconded by Clarence Toland, and carried.

The secretary cast the ballot and the chairman announced the election of Morton R. Gibbons as vice-chairman of the Council for the ensuing year.

5. Executive Salary Contracts.—The chairman announced that, pursuant to the approval of the report of the Committee on Survey of Expenditures by the House of Delegates, the executive salary contracts will have to be on a monthly basis.

6. Election of Secretary-Treasurer.—Emma W. Pope was nominated by Robert A. Peers as secretary-treasurer; such nomination was seconded by Morton R. Gibbons. Alfred L. Phillips moved that the nominations be closed, and the chairman cast the ballot; such motion was seconded by Clarence G. Toland, and carried.

The chairman cast the ballot and announced the election of Emma W. Pope as secretary-treasurer of the Association.

7. Election of the Editor.—George H. Kress was nominated by Charles A. Dukes as editor of the *JOURNAL*; such nomination was seconded by Carl R. Howson. Alfred L. Phillips moved that the nominations be closed and the secretary cast the ballot; such motion was seconded by Henry Ullmann, and carried.

The secretary cast the ballot, and the chairman announced the election of George H. Kress as editor of the *JOURNAL*.

8. Election of Director of the Department of Public Relations.—As provided in the by-laws, Charles A. Dukes, chairman of the Committee on Public Relations, recommended the appointment of Walter M. Dickie as director of the Department of Public Relations.

Walter M. Dickie was nominated director of the Department of Public Relations by Charles A. Dukes; such motion was seconded by William W. Roblee. Morton R. Gibbons moved that the nominations be closed and the secretary be instructed to cast the ballot. Such motion was seconded by Alfred L. Phillips, and carried. The secretary cast the ballot, and the chairman announced the election of Walter M. Dickie as director of the Department of Public Relations.

9. Appointment of General Counsel.—On motion of Ullmann, seconded by Kiger and unanimously carried, Hartley F. Peart was appointed general counsel of the Association.

10. Appointment of Associate General Counsel.—On motion of Ullmann, seconded by Gibbons and unanimously carried, Hubert Morrow was appointed associate general counsel of the Association.

11. Appointment of Three Members of Cancer Commission.—President Clarence G. Toland stated that he recommended for appointment on the Cancer Commission, for a term of three years, Charles A. Dukes, chairman; Alson R. Kilgore, secretary; and Lyell C. Kinney, vice-chairman. The appointments were approved by the Council.

12. Interim Committee on Health Insurance.—Carl R. Howson, member of the Interim Committee on Health Insurance, presented his resignation, stating that since this committee paralleled a senate committee, a member having closer contact with the southern senator was desirable.

On motion of William H. Kiger, seconded by Charles A. Dukes, the resignation of Carl R. Howson as a member of the Interim Committee was accepted.

13. Date of Next Council Meeting.—The chairman stated that in accordance with a provision of the by-laws a meeting of the Trustees Of The California Medical Association would be held on May 26, 1934.

Action by the Council.—On motion of Rogers, seconded by Ullmann and unanimously carried, the following resolution was adopted:

Resolved, That the date of the next meeting of the Council be set as May 26, 1934.

14. Reports of Cancer Commission.—The secretary stated that the Cancer Commission was desirous of publishing reprints of the various reports of the Cancer Commission, which had appeared in *CALIFORNIA AND WESTERN MEDICINE* since 1932.

Doctor Pope stated that the James H. Barry Company had submitted an estimate of \$210 for one thousand copies, and \$98 for each additional one thousand copies.

Action by the Council.—On motion of Ullmann, seconded by Dukes and unanimously carried, the following resolution was adopted:

Resolved, That the request of the Cancer Commission for publication of collected reports in reprint form be approved and that a sum not to exceed \$1000 be appropriated to the Commission.

15. Committee on History and Obituaries.—It was pointed out that the House of Delegates, through the

report of the Reference Committee on Reports of Officers and Standing Committees, had authorized the Council to appropriate not to exceed \$300 for use by the Committee on History and Obituaries.

Action by the Council.—On motion of Ullmann, seconded by Gibbons and unanimously carried, the following resolution was adopted:

Resolved, That the sum of not to exceed \$300 be allocated to the Committee on History and Obituaries.

16. Resignation of Delegate to the American Medical Association House of Delegates.—Carl R. Howson, delegate to the American Medical Association House of Delegates for the 1934 session, stated that it would be impossible for him to attend the session and that his alternate, Edward M. Palette, would also be unable to attend.

On motion of Rogers, seconded by Harris, the resignation of Carl R. Howson as delegate to the American Medical Association session of 1934 was accepted.

On nomination of Edward M. Palette, seconded by Charles A. Dukes, Clarence G. Toland of Los Angeles, was elected delegate to the 1934 session of the American Medical Association to represent the California Medical Association.

17. Basic Science Law.—Discussion was had of the action of the House of Delegates approving the principle of a qualifying certificate act and recommending that the Council take such action as it deems advisable.

Action by the Council.—On motion of Kress, seconded by Gibbons and unanimously carried, the following resolution was adopted:

Resolved, That the Committee be continued and that it be instructed to submit a report to the Council at its meeting on May 26, including a draft of a proposed bill and recommendations of the committee.

18. Legislation.—Discussion was had of the proposed constitutional amendment which would place district attorneys under the jurisdiction of the Attorney-General. No action taken.

19. Report of Committee on Physical Therapy.—The report of the Committee on Physical Therapy was presented.

Action by the Council.—On motion of Ullmann, seconded by Dukes and unanimously carried, the following resolution was adopted:

Resolved, That the report of the Committee on Physical Therapy be accepted.

20. State Emergency Relief.—Discussion was had of the plan for state emergency relief, and the request for an appointment of a committee in the north to work in conjunction with the committee in the south.

It was agreed that the present committee should handle the matter with power to appoint a subcommittee if desired.

21. Councilor Visits.—Discussion was had of topics for discussion before county societies by councilors, and on motion of Gibbons, seconded by Peers, the following resolution was adopted:

Resolved, That the councilors be sent a digest of topics for discussion at county society meetings.

The problem of malpractice was then discussed in detail, and it was agreed that this should be stressed by councilors on all visits.

The value of having resolutions to be presented before the House of Delegates in the hands of all delegates prior to the annual session and, if possible, having them published in the *JOURNAL* so that they could be discussed by county societies, was brought up.

Action by the Council.—On motion of Kress, seconded by Palette and unanimously carried, the following resolution was adopted:

Resolved, That the chairman of the Council and the general counsel prepare amendment to cover the submission of resolutions, so that the matter may be discussed at the next annual session.

It was stated that councilors should explain the danger of "unit voting" by delegations.

Action by the Council.—On motion of Ullmann, seconded by Kress, the following resolution was adopted:

Resolved, That the secretary be instructed to notify all county societies two months prior to each annual session that if they contemplate submitting resolutions to the House of Delegates, a copy should be sent to the State Association office that it may be published and discussed by county societies prior to action by the House of Delegates.

Action by the Council.—On motion of Gibbons, seconded by Peers and unanimously carried, the following resolution was adopted:

Resolved, That copies in galley form of the minutes of the present session be sent all councilors.

Further topics for councilors' visits were the county hospital problem and the institution of county institutions commissions, racketeering and hospital associations with special reference to coöperation with district attorneys, legislation and relief work, medical service plans.

It was stated that a mimeograph should be available at annual sessions so that the resolutions presented to the House of Delegates could be mimeographed and copies given to delegates.

22. Medical Service Plans.—The question of the status of hospital service plans which are contemplated or established by county societies and the use of the data collected by the State Association was discussed.

Action by the Council.—On motion of Wilson, seconded by Gibbons, the following resolution was adopted:

Resolved, That the Council of the California Medical Association authorize the general counsel and the Public Relations Committee to make available the plans and information necessary to assist in the organization of hospital insurance corporations financed and operated by accredited hospitals under conditions whereby professional services may not be sold and/or rendered by such insurance corporations except under conditions approved by the board of directors or similar governing body of each county society in which such plan may be operative, subject also to the approval of the Public Relations Committee of the California Medical Association; such assistance to be available only when approved by the Executive Committee, the General Counsel, and the Public Relations Committee.

23. Pasteurization of Milk.—Doctor Gibbons stated that the American Medical Association, through one of its departments, stated that it favored the pasteurization of milk, including certified raw milk, and that in California certified raw milk is safe.

On motion of Gibbons, duly seconded, the following resolution was adopted:

Resolved, That the delegates to the American Medical Association be instructed to enlist the aid of the Section on Pediatrics or other interested groups and take such action as may be necessary in their discretion to restore the standing of certified raw milk in California.

24. Minutes of the Council.—Minutes of the two hundred and twenty-sixth meeting of the Council were then approved.

25. Past Officers' Breakfast.—Doctor Rogers stated that he felt it would be desirable to have a luncheon or breakfast at each annual session for past officers.

Action by the Council.—On motion of Kress, seconded by Dukes, the following resolution was adopted:

Resolved, That the program of each annual session carry an announcement of a past officers reunion and that the general past officers be notified of the event.

It was agreed that a breakfast would be the most suitable occasion for the reunion.

26. Adjournment.—There being no further business the meeting adjourned.

T. HENSHAW KELLY, *Chairman.*
EMMA W. POPE, *Secretary.*

COMPONENT COUNTY MEDICAL SOCIETIES

ORANGE COUNTY

The regular meeting of the Orange County Medical Association was postponed one week because of the State convention at Riverside, and was held on May 8 at 8 p. m. in the chapel of the Orange County Hospital.

The first readings of the applications of Doctors Francis Findlay of Santa Ana and Charles F. Kohlenberger of Fullerton were heard.

Eulogies were read on Dr. Frank Ashmore, who died as a result of an accident on April 30, and Dr. William B. Wood, who was a charter member of the local association and demitted from here thirty-four years ago. He passed away on February 26.

The Economics Committee reported a satisfactory working agreement with the Employees' Association of the Southern Counties Gas Company. In the future, surgical cases, whenever possible, will be taken care of locally, and not sent to a central hospital in Los Angeles.

Convention reports of the delegates to the California Medical Association at Riverside were heard.

Doctor Violett, in a stirring talk on the charter members of the local society, suggested that a portion of the next meeting be set aside to honor the two living charter members who are active. These men are Doctors C. D. Ball and J. P. Boyd.

The scientific program of the evening was in charge of Dr. K. H. Sutherland, Orange County public health officer. He introduced the speaker of the evening, Dr. W. P. Sheppard, who chose as his subject *The Doctor and the Public Health Officer*. His talk was very well received by those present.

WALDO S. WEHRLY, *Secretary.*

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PLACER COUNTY

The Placer County Medical Society met on March 31 at the Freeman Hotel, in Auburn.

Following the reading of correspondence and attention to routine business, President Barnes introduced Dr. Langley Porter, dean of the medical department, University of California, who addressed the society upon *The University of California Medical School and the Practitioner of Medicine*.

Doctor Porter gave a summary of the history of the Medical School since its inception in 1862 up to the erection of the splendid modern out-patient department in 1933. He made reference to many of the eminent men who gave their lives in the furtherance of medicine in California through the University Medical School. Naturally, he dwelt on great names—Dr. H. H. Toland, the founder of the school, and Doctor Blake, the first professor of obstetrics, whose genius made some of the first contributions of the relation of chemical constituents to physical action and who, also, was one of the first proponents of open-air treatment of tuberculosis.

Dean Porter went on to present to the society the policies which govern the activities of the Medical School and the great advantage to the Medical School of a university affiliation. He emphasized that the Medical School held itself to be a state servant and wished to bring the latest and most authoritative medical knowledge to the service of the state. It attempts to do this by offering physicians of the state a consultation service which they may extend to patients who are unable to meet the fees of a private consultant.

Any physician may send such patients to the University out-patient department, with an outline of the patient's history and a statement of his financial status. It was emphasized that the University's budget was extremely restricted and the actual costs must be charged. In no case is the fee more than the actual "out of pocket" cost to the University for the work. As these cost items range from 25 cents to \$7 for a complete gastro-intestinal series, the patient can usually defray them.

The speaker pointed out that no greater calamity could befall any community than to have the economic integrity and moral authority of the practicing physician destroyed. Through this consultative service, it is hoped to maintain the authority of the doctor by showing his patients that he, himself, is able to bring to their aid the most modern medical science, through his affiliation with the University of California Medical School. During the period of consultation the patient remains under the direction of his own physician and, in this way, the doctor will maintain his patient as a loyal friend and a paying client when circumstances are better.

It was also suggested that no better form, and certainly no less expensive form, of postgraduate education could be brought to the physician than this in which the medical school helps to solve direct problems for practitioners. A full report of the findings, after a complete study of the patient's difficulties is made, is sent to the referring doctor. He may also have whatever advice he may ask in regard to the further care of his patient. Should the physician desire to refresh himself on pertinent literature, the Medical School packet library service will provide appropriate reading matter. It is interesting to know that this service is reaching nearly every county in northern California, and the demands for it have tripled within the last two years and are still increasing.

Dean Porter expressed some anxiety that the profession might feel that the interests of the practicing doctor were not properly cared for by the clinic, and that people who were financially competent to pay a doctor's fee were admitted to the clinic. He showed the society the social service technique by which applicants found to be financially capable were excluded from the clinic. It would seem very difficult for persons to elude the vigilance of the workers and obtain medical relief. The administrative authorities are certain that not over one or one and a half per cent escape their scrutiny. However, the University usually accepts patients for the consultative service if they have a physician's statement of their needs. Only very rarely is the physician's knowledge of the patient's economic status in fault.

At the present time, this particular consultation service can be given only to ambulatory patients coming to the out-patient department. Patients and friends may obtain lodging in the neighborhood at extremely low price, and there are a number of inexpensive restaurants in the vicinity.

Due to the small number of beds and restricted budget, there is little opportunity to care for patients who need hospitalization. While the Medical School is anxious to cooperate with its colleagues and help them deal with such problems, it can only do so if arrangements are made prior to the arrival of the patient to the hospital. It is embarrassing to the administration and unfair to the patient to have him arrive without previous notice and to have no bed to allot the sufferer. It is urged that any physician desiring the hospitalization of such a patient write, telephone or telegraph to Dr. W. E. Carter, director of the out-patient department, University of California Hospital, Fourth and Parnassus avenues, San Francisco, Montrose 3600, and make arrangements for the admission of the patient.

Invitation was extended to the members present and to any other physicians who might be interested to attend the Grand Rounds held by the various departments at 9 a. m. in Toland Hall, University of California Hospital. These rounds are as follows: Tuesday, gynecology; Wednesday, medicine; Thursday, pediatrics; and Friday, surgery.

Physicians are also invited to attend the clinical pathological conference held on Wednesday from 11 a. m. to 12 noon in Toland Hall, University Hospital.

Attention was called to the semi-annual alumni day to which all physicians are welcome, whether graduates of the University or not. Twice a year the Medi-

cal School has a home-coming day, to which the alumni and other physicians who are interested are invited to attend the program of special clinics arranged for that day.

In closing, Dean Porter added that the Medical School would be happy to have any physician come at any time to visit the wards and participate in the work of the University hospital or out-patient department.

The president then introduced Dr. Amos U. Christie, instructor in pediatrics, University of California Medical School, who addressed the society on *Heart Disease in Children*.

Doctor Christie stated that the alarming increase of heart disease has made people heart-conscious. More than half of all heart disorders begin in childhood, and pediatricians should be well qualified to discuss them. About one per cent of school children have organic heart disease, and 15 to 20 per cent of this number have congenital malformations, occurring very rarely as single anomalies. In order of incidence they are patent intraventricular septum, patent ductus, pulmonary stenosis, and aortic stenosis—coarctation.

Explanation of etiology is still unsatisfactory, but from study of ninety complete autopsies (13 per cent Mongolian idiots and 46 per cent with multiple anomalies) the author believes may be due to defective germ plasm. Fifteen to 17 per cent develop subacute bacterial endocarditis. Treatment should be symptomatic, hygienic and dietary, with removal of foci of infection.

Rheumatic fever was discussed from the point of view of incidence, nature of disease, etiology, predisposing causes, focal infections, pathology, and types of infection. Prognosis depends on recurrence of attacks, amount of damage, and care given to the child. The condition of the heart muscle is important and nodules and pericarditis are bad signs. Treatment must consist of bed rest, general hygienic measure, diet, constant search for foci; while drugs, deep x-ray therapy, etc., are of lesser importance. Education of mother and child to the above points and a proper psychological attitude are most important.

The most difficult to diagnose are the borderline cases with no characteristic history of acute rheumatism and no definite evidence of cardiac abnormality, but with signs of heart disease. This group with functional heart murmurs constitutes 3.9 per cent of cardiac suspects. A functional heart murmur is a disturbance not due to a demonstrable lesion, but is a reflection of trouble elsewhere in the body, such as an acute infection leading to dilatation from overwork, direct actions of toxins on heart muscles, severe malnutrition or fatigue or disturbances of rate and rhythm often on a psychogenic basis. The differential points in the diagnosis of functional heart disease were discussed.

Electrocardiograph and x-ray are of greater educational value to the physician than of practical value to the patient though they are often a great aid in diagnosis.

Therapy for children with heart disease consists (1) of a careful and adequate explanation to mother and patient as to the nature of the ailment; (2) a regulation of the child's every daily activity, in accordance with his tolerance; (3) the working out of a regimen to insure the maximum of rest, which is the greatest therapeutic agent; and, finally, the gradual rehabilitation for the growing child in order to produce a strong heart muscle.

Doctor Christie's paper was discussed by Doctors Babcock, Porter, Peers, and Christie.

Dr. Dave Dozier of Sacramento announced that the next meeting of the California Northern District Medical Society would be held in Marysville on April 21, and extended a cordial invitation to all present to attend the meeting.

There being no further business the meeting adjourned and refreshments were served.

ROBERT A. PEERS, *Secretary*.

SAN BERNARDINO COUNTY

The meeting of the San Bernardino County Medical Society was held at Loma Linda on May 8 at 8 p. m. Dr. H. G. Gentry, vice-president, called the meeting to order.

A communication from the University of California regarding a course of training for public health officers was read.

The final reading of the proposed change in the by-laws was then given. This amendment will be voted on at the next meeting.

No change in nomination for president for the coming year was made, but Dr. A. E. Varden was nominated by Dr. Walter Pritchard and seconded by Dr. J. Patterson for secretary.

It was moved by Dr. W. Pritchard and seconded by Dr. Fred Moor that the president appoint a committee to write a letter of appreciation to the retiring secretary for his long service to the society.

The program of the evening was dedicated to public health, and Dr. Glen Myers was in charge.

The speakers were in the following order: Mr. Ben Read, executive secretary; Charles Reagan, D. D. S., secretary; John Barrow, M. D., C. G. Toland, M. D., and Percy T. Magan, M. D.

Following the discussions, Dr. A. E. Varden, president of our component county society, spoke briefly and a membership campaign was undertaken.

E. J. EYTINGE, *Secretary*.

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SAN JOAQUIN COUNTY

The regular monthly meeting of the San Joaquin County Medical Society was held in the Medico-Dental clubrooms, in Stockton, on May 10.

The applications of Doctors Ralph G. Cressman and Verne R. Ross were reported on favorably, and were declared elected to membership in the medical society. The application of Dr. I. B. Thompson of Stockton was presented.

Dr. G. H. Sanderson and Dr. Dewey Powell reported on the meetings of the House of Delegates at Riverside.

Dr. Harry Kaplan presented the following resolution:

"WHEREAS, The San Joaquin County Medical Society feels that at the present time there is an unparalleled opportunity before the medical profession of the state to publicly exhibit its ability and its willingness to act courageously and effectively in meeting social and economic problems; therefore be it

Resolved, That the San Joaquin County Medical Society put itself on record as being entirely in accord with the proposed medico-economic survey of the state of California, voted by the House of Delegates of the California Medical Association; and be it further

Resolved, That by reason of its experience in this field that this society be accorded representation on the state committee to be formed for the purpose of conducting the above-mentioned survey."

The adoption of this resolution was moved by Dr. G. H. Sanderson and seconded by Doctor Kaplan. Dr. Dewey Powell, in the discussion of this resolution, stated that he was in favor of the resolution with the exception of the final paragraph, which would necessitate, if adopted by the state society, that either he or Doctor Sanderson would have to close his office for a period of several months and that neither one could afford to do this. He made the following motion in the form of an amendment to and in lieu of the final paragraph of Doctor Kaplan's resolution: "and be it further *Resolved*, That the San Joaquin County Medical Society, through its experience in the study of economic problems of the state, stands ready to offer any aid or counsel to the state committee," and asked that the San Joaquin Society be kept in close contact with this committee. This was seconded by Doctor Sanderson. The amendment was then voted

and passed, and the resolution was voted on and passed.

The scientific program was then given by Lieutenant Commander H. W. Miller, M. C., United States Navy, who spoke on the *Medical Aspects of the Last Nicaraguan Campaign*. This was a very interesting paper, the Commander's experiences with the Guardia Nacional being the basis of his paper. This was discussed by Doctors Dozier, Barton, Powell, Sr., and Dewey Powell.

There being no further business the meeting was adjourned and refreshments were served.

G. H. ROHRBACHER, *Secretary*.

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SANTA BARBARA COUNTY

The regular meeting of the Santa Barbara County Medical Society was held on Monday evening, May 14, in the Bissell Auditorium of the Cottage Hospital, with President Markthaler presiding.

The speaker of the evening was Dr. Rafe C. Chaffin of Los Angeles, who gave a talk on his operation, *The Vaginal Subtotal Hysterectomy for the Cure of Procidencia*, accompanied by talking moving pictures.

This was discussed by Doctors Loveren, Johnson, L. Eder, Brown, and Mollath.

Doctor Gray reported that each member of the society had been furnished with a fee list, to be used during the trial period.

It was moved, seconded and carried, that Doctor Gray, as chairman for the Medical Economics and Costs of Medical Care Committee, draw up a public statement of their report, which would be given to the Public Relations Committee for publicity.

Doctors Ullmann and Freidell both gave reports of the State meeting.

Doctor Markthaler reported on the County Dispensary, and that they expected to have a social worker by June 1.

The transfer card of Dr. R. McGovney from Los Angeles County was read and upon ballot he was unanimously elected to membership.

WILLIAM H. EATON, *Secretary*.

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SISKIYOU COUNTY

On April 29 a meeting of the Siskiyou County Medical Society was held at the home of Doctor Bathurst, in Etna. The meeting was held in honor of Doctor Bathurst's eightieth birthday, and the completion of his fifty-seventh year of the practice of medicine in Siskiyou County. Doctor Bathurst is hale and hearty, and still conducts an active practice, answering calls many miles away, crossing the Salmon mountains, where snow is twenty-eight to forty feet deep in winter, and the only means of travel is by mules wearing snowshoes.

Edwin William Bathurst was born in Gawlar, South Australia, April 30, 1854. He received his schooling in Noumea, New Caledonia, Liverpool, England, and was graduated from the Medical College of the Pacific in San Francisco in 1877. He began his practice in Sawyers Bar in 1877 and moved to his present location in Etna in 1882.

The members were greatly interested in many stories of pioneer practice. Doctor Bathurst told of long horseback rides, ski and snowshoe trips, to see patients. The longest call he spoke of took a week to make. There was snow and sleet at the beginning of the trip and he traveled on skis over one range of mountains to catch a stage which took him to Montague, thence by train to Delta, then by wagon and horseback over another range of mountains to Carville to see a patient with endocarditis. On another trip his horse gave out and he was forced to abandon him, finishing the journey taking turns riding and walking with his guide. Arriving at last, he found his patient with both hands blown off by a black-powder cap, the stumps already partly gangrenous. Taking one of the

bystanders as his anesthetist, he did a double amputation just below the elbows. The patient died some hours later. The livery stable tried to collect for the horse, which was eventually returned by a runner, and the patient's relatives objected to paying the fee of \$75 which the doctor asked.

Doctor Bathurst owned the first stethoscope and probably the first clinical thermometer in the country. An amputation set, obstetrical forceps, and what medicines he could carry completed his equipment. He made the observation that while modern medicines are refined and infinitely better than those of his early days, still nearly all are based on the old "saddle bag" drugs.

He told of an epidemic of diphtheria in one settlement where there were over one hundred cases in less than two months. The town smelled so of diphtheria that the odor could be detected half a mile away. There was, of course, no antitoxin, and treatment consisted of massive doses of tincture of iron—twenty drops every two or three hours. If the membrane soon blackened, the patient lived. There was a mortality of between 5 and 10 per cent. One of the fatal cases was in a baby who developed a membrane in a chafed place on the neck. The epidemic was so severe that a keg of butter became infected and smelled of diphtheria.

He told of interesting Indian customs: he was called to see an Indian woman recently delivered, but the placenta had not arrived. He found the umbilical cord tied to the mother's leg, "to keep the liver from eating up the baby if it should go back inside." Another Indian treatment was for smallpox. The patient was placed in a small hut and a hot fire built. When the patient was perspiring freely, he was forced to run out and plunge into the icy Klamath River. There was usually a funeral in a few days.

While Doctor Bathurst is proud of his early experiences, he is a very modern physician. He keeps well read on current literature, and uses modern methods of treatment and diagnosis. He is active of mind and body, and looks forward to years of active practice. He scoffed the idea of retiring, saying that he expected to die in harness.

Doctors Langer, Pius, Haines, McCann, McGuire, Cole, Vidrickson, Newton, Seeley, McVicker, Dickinson, and Campbell were present to wish Doctor Bathurst a happy birthday.

J. ROGER U. CAMPBELL, *Secretary*.



SOLANO COUNTY

The regular meeting of the Solano County Medical Society was held at the Hotel Casa de Vallejo on Tuesday evening, May 8, at eight o'clock. This meeting was held jointly with the members of the Napa-Solano County Dental Association, and was voted as one of the most successful affairs held in the history of the Solano County Medical Society.

Starting at eight o'clock sharp, seventy-two members of both societies sat down to dinner and were entertained by the Columbian Squires orchestra, led by Bernard Klotz, son of the late Dr. Bernard J. Klotz of Vallejo and former president of the Solano County Medical Society. Following dinner the members were addressed by Dr. B. F. Coleman of San Francisco, on the subject of *Focal Infection from a Dental Standpoint*. This talk was illustrated by lantern slides. In his talk Doctor Coleman stressed the early diagnosis and complete treatment of all oral focal infection.

The second address of the evening was delivered by Dr. Anthony Diepenbrock, chief of the medical staff at St. Mary's Hospital in San Francisco, on *Focal Infection from a Medical Standpoint*. This paper was perhaps one of the most instructive papers ever delivered before the Solano County Medical Society.

Commander C. W. Ross, chief of the medical staff of the naval hospital on Mare Island, opened the discussion following the delivery of the two papers.

Immediately following this speaking program the members were honored by short addresses on *The Public League of California* by Doctors Alson R. Kilgore and Glenn F. Cushman, both of San Francisco. These men outlined the functions and purposes of the Public Health League and advised formation of a local unit. A committee, consisting of Dr. J. Edward Hughes, representing the Solano County Medical Society, and Dr. Carson Magill, representing the Napa-Solano Dental Association, was appointed to plan for the formation of such unit and to report to their respective societies at their next regular meetings.

Special guests at the meeting and dinner were: Dr. H. S. Rogers of Petaluma, councilor of the California Medical Association; Commanders Ross, Laning, and Carson; Lieutenants Prehm and Peters, all of the naval hospital on Mare Island; Dr. Allen McGrath of Sonoma, Dr. C. Leggo of Crockett, Dr. Robert Peachey of San Francisco; Mr. Orvin Gaston and Mr. James Ritch, representing the Vallejo press.

The next regular meeting of the Solano County Medical Society will be held at the Hotel Casa de Vallejo, in conjunction with the Contra Costa County Medical Society, on Tuesday evening, June 12, in Vallejo.

On that evening Dr. J. M. Toner, Director of State Institutions, Dr. Howard C. Naffziger, chief of the department of surgery at the University Hospital, and Dr. Junius B. Harris of Sacramento will be special guests of the evening.

AMBROSE J. RYAN, *Secretary*.



SONOMA COUNTY

The Sonoma County Medical Society held its May meeting as guests of Dr. F. O. Butler, medical superintendent of the Sonoma State Home, on the evening of the 10th.

Dr. E. J. Finnerty, president of the society, presided, and the following guests and members were present: Doctors F. O. Butler, J. W. Green of Vallejo, D. C. Smith, R. V. Harr, P. C. Barrett, R. Colvin, C. O'Connor, Josephine Williams, Henrietta Frederickson, P. A. Meneray, J. L. Spear, A. A. Thurlow, Chester Marsh, H. C. Honor, V. O. Honor, C. B. Andrews, H. S. Rogers, J. W. Seawell, A. M. Bowles, H. S. Gossage, S. Z. Peoples, A. G. Lumsden, M. L. Lewis, Kathleen Morris, E. Vieira, W. C. Shipley.

After a delightful dinner the regular order of business was dispatched, and Doctor Butler of the Home outlined the evening's program. He then introduced Dr. R. V. Harr of the staff, who made a survey of the crippled inmates of the Home and demonstrated some of the work being done to correct their handicaps and produce patients that could be of some assistance to themselves and others.

Dr. P. C. Barrett was introduced and gave a summary of the tuberculosis situation among the inmates and what was being accomplished by treatment and segregation.

Both Doctors Harr and Barrett were complimented on the thoroughness of their work by those present.

W. C. SHIPLEY, *Secretary*.



VENTURA COUNTY

The regular monthly meeting of the Ventura County Medical Society was held at the County Clinic building of the Ventura County Hospital on Tuesday, April 10.

Doctor Drace, program chairman, had secured as guest speakers, Dr. A. Bower and Dr. Robert Meals of the staff of the Los Angeles County Contagious Hospital. They gave a most interesting and instructive talk on the *Treatment of Contagious Diseases*. A good discussion followed.

An application of Doctor Livingston for retired membership rating in the state society was voted on and passed.

FRED A. SHORE, *Secretary*.

CHANGES IN MEMBERSHIP

New Members (24)

Los Angeles County.—Thomas H. Barlow, George T. Burke, David H. Kling, Morris B. Lerner, Harold A. Mourer, John P. Naughton, John A. Pearson, Walter R. Pendleton, E. H. Welcome, I. E. Wolfson.
Orange County.—Harold Clifford Neslund.
Riverside County.—Leonard Dexter Wood, Raymond L. Johnson.
Sacramento County.—Anthony Ralph Boscoe, Mamie G. Pallesen.
San Diego County.—Bruce H. Brown.
San Francisco County.—Frederick S. Bruckman, Alma S. Pennington, Andrew M. Ryan.
San Mateo County.—H. A. Clattenburg.
San Luis Obispo County.—Elmer J. Chesbro.
Siskiyou County.—W. C. McBride.
Sonoma County.—Leonard W. Kines.
Stanislaus County.—Olley D. Ellefson.

Transferred (5)

Oliver K. Malcolmson, from Riverside County to Los Angeles County.
 Arne E. Ingels, from Alameda County to San Francisco County.
 Elmer W. Smith, from San Francisco County to Marin County.
 James H. Van Vorhis, from Fresno County to Kings County.
 John A. Wallace, from Orange County to Imperial County.

Resigned (5)

Henry C. Babcock, from San Diego County.
 Howard A. Ball, from San Diego County.
 Howard H. Dignan, from San Francisco County.
 Amelia L. Gates, from San Francisco County.
 Joseph Shiang-Min Lee, from San Francisco County.

In Memoriam

Ashmore, Frank. Died at Santa Ana, April 30, 1934, age 49. Graduate of University of Illinois College of Medicine, Chicago, 1914. Licensed in California in 1915. Doctor Ashmore was a member of the Orange County Medical Society, the California Medical Association, and the American Medical Association.

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Biggs, Elmer LeRoy. Died at Los Angeles, May 6, 1934, age 60. Graduate of Dunham Medical College, Chicago, 1901, and licensed in California the same year. Doctor Biggs was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

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Eaton, George Lee. Died at San Francisco, April 25, 1934, age 61. Graduate of Vanderbilt University School of Medicine, Nashville, 1894, and licensed in California the same year. Doctor Eaton was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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Elliott, Addison Eugene. Died at San Diego, April 9, 1934, age 59. Graduate of Rush Medical College, Chicago, 1908. Licensed in California in 1915. Doctor Elliott was a member of the San Diego County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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Franklin, John Henry. Died at Guadalupe, April 23, 1934, age 54. Graduate of the University of California Medical School, 1906, and licensed in California the same year. Doctor Franklin was a member of the

Santa Barbara County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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Montgomery, Alexander Boyd. Died at Long Beach, March 11, 1934, age 59. Graduate of Rush Medical College, Chicago, 1897. Licensed in California in 1919. Doctor Montgomery was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

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Reynolds, Ralph W. Died at Pasadena, April 17, 1934, age 65. Graduate of the Cleveland Pulte Medical College, 1902. Licensed in California in 1910. Doctor Reynolds was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

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Stiles, William H. Died at San Bernardino, March 25, 1934, age 81. Graduate of Hahnemann Medical College and Hospital, Chicago, 1878. Licensed in California in 1886. Doctor Stiles was a retired member of the San Bernardino County Medical Society, the California Medical Association, and the American Medical Association.

OBITUARIES

Frank Ashmore 1885-1934

Frank Ashmore, the unfortunate victim of an accident, passed away at the Santa Ana Valley Hospital on April 30. His father and grandfather, Baptist Missionaries in China during the fifties, did much for China, one of them translating the Bible into Chinese.

Frank Ashmore was born in Swataw, China, January 5, 1885. He was educated at Mayon Park Academy, Chicago, Denison University, Granville, Ohio, B. S. in 1908, and University of Illinois, M. D., in 1914. He was an assistant surgeon with rank of lieutenant in the Navy during the Great War. Immediately after the war he located in Buena Park, California, where he remained a short time, and removed to Santa Ana in 1921.

Doctor Ashmore received his California certificate to practice in the state in 1915. He became a member of the Orange County Medical Association in 1920. He was a member of the California Medical Association and a Fellow of the American Medical Association. He is survived by his widow, Ethel Mae (Thrasher) Ashmore, and his son and daughter. Doctor Ashmore had many friends, who deeply regret his demise.

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William Bell Wood

Dr. William Bell Wood was born in St. Joseph, Missouri, August 21, 1851. He was a graduate in medicine from the Missouri Medical College in 1875. He practiced in Springdale, Kansas, until he located in Orange in 1887. There he at once became a leader not only in medicine, but in town affairs. Doctor Wood assisted materially in county division that occurred on June 4, 1889. Eight days later when the Orange County Medical Association was formed, he was one of the active workers, one of the thirteen physicians who organized the society of which he was president in 1900.

Doctor Wood was a surgeon of ability, specializing in rectal surgery. Notwithstanding his success and popularity in Orange, he removed to Los Angeles in 1900 and later to South Pasadena, where he died February 26 at the advanced age of eighty-three. He had many friends, who mourned his loss.

Doctor Wood married Jennie L. Moore on March, 1887, and there are several living descendants.

He was an active Mason while residing in Orange. Although Doctor Wood demitted from the Orange County Medical Association thirty-four years ago, he should not be forgotten, for in the pioneer days he was of invaluable assistance to the society just beginning to operate.

CANCER COMMISSION*

Report of Committee on Cancer of the Rectum, Anus, and Rectosigmoid

Cancer of the rectum, anus, and rectosigmoid constitute about 12 per cent of all cancer in the human body, and about 80 per cent of intestinal cancers. The frequency of cancer in this region lays a great responsibility upon the physician to investigate carefully all cases presenting any symptoms referable to the intestine or rectum. On the whole, these cases are discovered relatively late. Nearly a year elapses, on the average, after symptoms have begun before a correct diagnosis is made.

There are several reasons why these cancers are not discovered earlier; and some of these reasons are:

1. Patients put off coming to the doctor for any rectal symptoms as long as they can, because they have been told by others that an examination of the rectum is a very painful procedure. Adequate examination can be carried out, however, without causing suffering, and physicians should devote particular attention to alleviating this fear.

2. The general impression that blood from the rectum means hemorrhoids. Physicians, students, nurses, and the public should be taught that blood from the rectum means cancer, until cancer is ruled out.

3. Very frequently patients resort to rectal suppositories and go on for months with this treatment, when a careful examination would have revealed cancer many months before.

4. Inadequate examination of the patient. In over 90 per cent of rectal cancer a simple, digital examination will reveal the growth. This fact adds force to the dictum of a well-known professor of medicine who said to his students: "Put your finger in the rectum, or you may later find you have put your foot in it." Adequate examination includes the following and should be done in the order named: inspection, digital, anoscopic, sigmoidoscopic up to ten inches, and barium enema if the lesion is not found within the range of the sigmoidoscope.

PATHOLOGY

This résumé of pathology of rectal cancer is condensed from the Lettsomian lecture of W. Ernest Miles, F. R. C. S., delivered before the Medical Society of London, February 19, 1923.

The type of carcinoma occurring in the rectum and rectosigmoid is adenocarcinoma. There are three clinical varieties differing in physical characteristics and degree of malignancy, namely, the papilliferous, the common adenoid carcinoma, and the colloid. The papilliferous type resembles an ordinary simple papilloma, extends rapidly upon the surface and soon involves the whole circumference of the bowel. Owing to the exuberance of the growth, the lumen of the bowel becomes obstructed before infiltration of the muscular coat has progressed to any marked degree. Consequently, these growths are not particularly malignant, and seldom give rise to extramural metastases unless they have been in existence for a considerable time.

The great majority of cancers of the rectum are of the common adenoid type. Usually, the surface of the growth is a flattened tumor which increases in size in all directions; and although at first freely movable upon the muscular coat, soon becomes adherent to it. This occurs, probably, within a few months. As the growth increases, surface ulceration occurs and bleeding begins. As more of the circumference of the bowel becomes involved, the ulcer deepens and assumes a crater-like form with nodular, everted, and indurated

edges. These growths commonly encircle the entire circumference of the gut in from twelve to eighteen months. The colloid or mucoid type of carcinoma is merely a degenerative stage of the preceding variety.

The papilliferous type is the least malignant of the three, the colloid type the most malignant and practically always recurs, while the common adenoid type usually occupies a middle ground as regards malignancy.

Cancers originating in the anal canal are of the true squamous cell type.

Cancer of the rectum may spread in any of three distinct ways, namely, by direct extension through continuity of tissue, by way of the venous system, and by means of the lymphatic system.

Direct extension through the muscular coat of the bowel appears to be a slower process. When the bowel wall has been penetrated, the growth invades the perirectal fat, through which it extends until it reaches the fascia propria of the rectum. The fascia propria is not usually invaded until the growth has existed long enough for more than three-quarters of the circumference of the ampulla to have been encompassed. It is only after penetration of the fascia propria that invasion of neighboring structures, such as the sacrum, uterus, or vagina, prostate or bladder, can take place.

There is no doubt whatever that cancer cells sometimes penetrate into the interior of small veins and, becoming detached, are carried into the blood stream. As the rectal veins belong to the portal system, cancer cells penetrating them are carried straight to the liver. It is fortunate that in rectal cancer dissemination by the veins is rare.

Infinitely more important is the dissemination of cancer cells through the lymphatic channels, and a knowledge of the lymphatic system is essential to the performance of any radical operation on cancer.

The direction in which the cells travel is largely influenced by the direction of the current in the lymphatics which have been invaded. It must be remembered, however, that the path by which the cells advance is not entirely controlled by anatomical considerations. Thus, it may happen that cancer cells derived from a growth in the rectum, wherever situated, may traverse the lymphatics in a downward, lateral, or upward direction, or in all three directions simultaneously. During the transit their progress may be arrested at any point in the region traversed by the lymphatics, and so lead to the formation of nodules. The various tissues through which the extramural lymphatics pass, therefore, are prone to metastatic deposit which is either macroscopic or microscopic in character. It may be regarded as an axiom that whenever a visible metastasis exists, other metastases, which cannot be recognized without the aid of the microscope, also exist along the course of the lymphatics, at points more distant from the seat of the primary growth.

The pelvic mesocolon, throughout its extent, is particularly liable to invasion. So often, indeed, is it found to be the seat of metastatic deposit that the removal of the whole of this structure in every operable case of cancer of the rectum is just as important as is thorough clearance of the axilla in breast cancer.

ETIOLOGY

By far the greater number of cancers of the rectum originate as benign adenomata. Rectal polyps present a consistent tendency to malignant degeneration. Most authorities agree that all polypoid growths of the mucosa should be considered as precancerous lesions. Any chronic inflammatory lesion may become malignant in susceptible persons. Ulcers, anorectal fistulae, hemorrhoids, and other lesions which are subjected to continuous irritation may develop malignant changes. Carcinoma may be engrafted on diverticulitis, or arise in postoperative scars. It is unusual for carcinoma to develop on hemorrhoids, but this does occur at times.

Rectal cancers display the same variations in degree of malignancy seen in carcinomas of other sites of

* The Cancer Commission was brought into being by the House of Delegates of the California Medical Association to aid in the furtherance of all efforts to combat cancer. The roster of officers and the central office of the Commission to which communications may be sent is printed in this issue of CALIFORNIA AND WESTERN MEDICINE (see front cover directory). This column is conducted by the Secretaries of the Commission.

origin, and the grade of malignancy is of special importance in estimating the probable chance of cure and frequently in determining treatment.

DIAGNOSIS

As with all other types of cancer, early recognition and early operation are the essential factors in cure. *Any change in bowel habit or sensation should cause the physician to suspect trouble.* The rectum is a comparatively silent area, and cancer usually causes little discomfort for the first six months; but even during this time there may be slight irritation or change in the character or frequency of the bowel movements. This is especially true in the papilliferous type, for this type grows rapidly and causes the secretion of considerable mucus. Tenesmus and urgent desire to defecate, with the passage of mucus, pus or blood alone, without feces, is often an early sign of cancer. During the early period there may be only a little discomfort in the rectum, or a little more frequent urge to defecation. These symptoms may be ignored by the patient, but if any of them are called to the attention of the physician an adequate examination should be made. When the lesion is at the rectosigmoid junction, rapid increase in constipation is a not infrequent symptom because the lumen of the gut is small and the growth constricts early. Distention by gas and colicky pains are also frequent complaints. If the abdominal wall be thin, peristaltic waves will probably be seen.

When blood appears in the bowel movement it should be an imperative command to the physician to immediately find where it comes from.

A physician cannot be held responsible for late diagnosis in patients who have failed to consult him until late in the course of the disease; but it is a sad indictment when months are allowed to pass after the patient has consulted the physician before a proper diagnosis is made.

Diagnosis of cancer of the rectum and recto-sigmoid is easily made in 100 per cent of the cases by digital, anoscopic and sigmoidoscopic examination; but this diagnosis cannot be made by laboratory examination of the stools and rarely by barium enema and x-ray unless the condition is far advanced and constriction present. It is altogether too common a mistake to rely on the x-ray to rule out rectal cancer. Lesions seven inches or more above the anus may be revealed by the x-ray, but not those in the rectum.

If hemorrhoids which are bleeding, or might bleed, have been found, the physician cannot be absolved from blame, if he does not investigate higher up and make sure that there is no other lesion from which the blood is coming.

A careful rectal examination should be made in all general examinations. It is just as important as a vaginal or nose and throat examination, and if routinely made much human suffering would be avoided. There is no reason why one body cavity should be routinely neglected, while every other cavity is examined in a general physical examination. Certainly every patient consulting the physician for any type of rectal trouble should have the benefit of routine sigmoidoscopic examination. If this were done, many cancers would be discovered early. Many unsuspected polyps would be seen and a considerable number of these would be found to be changing into early malignancy. If these small malignant polyps are removed with the electrocautery, most of them can be permanently cured.

BIOPSIES

Microscopic examination should be done in all cases to corroborate diagnosis and especially for the purpose of grading the malignancy of the growth, which has an important bearing upon the treatment to be instituted in the individual case. A small piece should be removed with a biopsy forceps, taking care to get a piece of the growth itself, and the wound immediately cauterized with the electrocautery. Done in this way the taking of a specimen does not increase the danger of metastasis and effectually prevents error in diagnosis. If a negative report is received and the lesion appears malignant to the examiner, a second specimen should be taken.

TREATMENT

Many factors must be considered in deciding just what treatment should be pursued. The age, sex, weight and general condition of the patient, the extent and location of the growth, the amount of fixation and obstruction, the presence or absence of metastasis or other disease, and the grade of malignancy are the more important factors. Discriminating judgment, gained only by experience, must be used if the best interest of the patient is to be conserved.

Many patients reach the surgeon in bad general condition due to partial obstruction with its attendant toxemia, interference with digestion and nutrition, dehydration, secondary anemia and perhaps associated chronic diseases such as diabetes, cardiovascular, and renal. With the careful cooperation of the internist, many who would otherwise be deemed inoperable can be improved to the point of becoming fair surgical risks.

Surgery and radiotherapy are the two methods of treatment which have proved to be of the greatest value.

There is no general agreement as to the status of radiotherapy.[†] Most authorities believe that it should only be used as a preoperative or postoperative adjunct to surgery; or in inoperable cases; or in the highly malignant cancers, graded high three or four, in which recurrence after surgery is the rule. Preoperative radiation may be given without loss of time following preliminary colostomy. The high grades of malignancy are fortunately often highly radiosensitive.

Some surgeons consider radiotherapy the treatment of choice in cancer of the anus, especially epitheliomas of high-grade malignancy. Those of grade one and two without palpable inguinal glands are best treated by radical operation in conjunction with radiotherapy.

The percentage of operability varies with the experience, judgment and skill of the surgeon, and also with his willingness to disregard his statistics sufficiently to give all border-line cases a chance for their lives. Some surgeons consider 30 per cent of the cases seen as operable, while others operate upon 60 per cent or more. Probably at least 50 per cent of the cases seen should be given the benefit of radical surgery.

TYPES OF OPERATION

A considerable variety of operative procedures have been advocated and are in use by surgeons today, in general falling into the following groups:

1. Posterior resection without colostomy.
2. Posterior resection, preceded by colostomy.
3. Abdominal perineal resection in one, two, or three stages.

The choice of procedure must vary with the size and location of the growth, condition and age of the patient, grade of malignancy, etc. The Committee does not feel in a position to attempt to establish any one procedure as standard in all cases. Any operation carried out in the hope of accomplishing cure must of necessity be a radical one and a major procedure from all points of view. Decision as to type of procedure should be made, and operation carried out only on the basis of special training and experience.

INOPERABLE CASES

Under the heading of inoperable cases are included not only those in which metastases, that cannot be removed have taken place—for example, to the liver as formed at exploration, and the local growth is so far advanced that complete removal is not feasible; but also those cases in which the condition of the patient's health, because of age or general condition, precludes a radical procedure. In such cases much comfort will be given the patient by an early colostomy. Miles says: "From my experience of these cases, I am convinced that as soon as carcinoma of the rectum is found to be inoperable, every day lost before resorting to colostomy is a day to the bad."

Following colostomy, deep x-ray therapy, and the application of radium are often very valuable palliative

[†] See report of Radiology Committee in CALIFORNIA AND WESTERN MEDICINE, December, 1932, page 409, and January, 1933, page 55.

procedures, and occasionally apparent cures have been obtained.

Cases which are considered inoperable because of fixation, which precludes removal, may become operable following colostomy and rest of the bowel. Much of the fixation is due to inflammatory exudate, and the side-tracking of the fecal stream, irrigation and cleanliness may cause enough resolution to render a large fixed tumor movable and removable.

Mention should be made of methods for the relief of intractable pain in late, inoperable growths, *e. g.*, sectioning of the presacral nerve and lumbar sympathetic chains, caudal canal injections, partial cordotomy, etc.

PROGNOSIS

Prognosis depends upon the stage of the disease, the grade of malignancy of the growth, and the percentage of operability. Obviously, those surgeons who operate only upon the most favorable cases will secure the largest percentage of five-year cures. One outstanding surgeon operating on 53 per cent of the cases seen reported 48 per cent five-year cures in those who survived the operation. This may be considered illustrative of what should be accomplished in the cure of cancer in this region.

SUMMARY

1. The symptomatology of cancer of the rectum is by no means constant. Any change in bowel habit or sensation should cause the physician to suspect trouble.
2. Bleeding from the bowel requires thorough investigation, even though hemorrhoids are present. Bleeding means cancer until ruled out.
3. Any complete physical examinations should include rectal examination.
4. Reliance cannot be placed on intestinal x-rays alone to rule out cancer. Anoscopic and sigmoidoscopic examination should be done first.
5. Diagnosis is easy when the proper examinations are performed.
6. Colostomy is essential to success in operative treatment in most cases.
7. Adequate radiation requires administration of a protracted (approximately four weeks) course of properly filtered and directed high voltage roentgen radiation, plus carefully filtered and applied radium radiation; and in the opinion of the Committee is of value in certain selected cases.
8. Adequate surgical removal requires extirpation of the primary growth, together with tissue in the upward lateral and downward spread zones.

2004 Four Fifty Sutter Building.

Committee on Rectal Tumors:

W. H. Kiger, <i>Chairman</i>	Clarence E. Rees
Harold Brunn	Dudley Smith
William H. Daniel	J. K. Swindt
William A. Glenn	Montague S. Woolf
Lyell C. Kinney	Alfred J. Zobel
A. J. Murrieta	
James F. Percy	

C. M. A. DEPARTMENT OF PUBLIC RELATIONS*

Economic Aspects of the County Hospital Controversy†

Although it is not widely discussed, the County Hospital controversy is developing into a serious economic problem. Not only is it perplexing the medical profession, but it is attracting the attention of the taxpayers. While the medical profession is directly con-

* An open forum for progress notes on the department's activities and for brief discussions on medical economics. Correspondence and suggestions invited. Address Walter M. Dickie, Room 2039, Four Fifty Sutter Street, San Francisco. This column is conducted by the Director of the Department.

† This paper is written by John M. Peirce, Tax Counselor, California Taxpayers' Association.

cerned with the social aspects of the problem, the taxpayers are wondering who is going to bear the financial burden.

Society long ago decreed that persons who were unable to provide themselves with hospital care, or who had no friends or relatives willing and able to provide it for them, should be cared for at public expense. California has adhered to this policy since the beginning of statehood. Today sixty-seven county hospitals and sanatoriums are operated for this purpose at an annual cost of over \$15,000,000. These institutions maintain approximately 12,837 beds, and last year an average of 10,842 bed patients were cared for within their walls.

The magnitude of these institutions can better be gauged by comparison with private or voluntary hospitals. Whereas, the 313 private hospitals, with their 15,830 beds, cared for an average of 8,841 patients, the sixty-seven county hospitals cared for an average of 10,842 patients, or 55 per cent of the total. Thus, well over half of our population is dependent upon charity when in need of hospital care.

The question now arises as to the proper function of a county hospital, and herein lies the controversy now under discussion. The difficulty centers around the question of who shall be admitted to these institutions. Shall they be used exclusively for indigents, or shall their doors be thrown open to the public in general? If they are to be used only for indigents, how shall the word "indigent" be defined? If they are to be used as community hospitals, what assurance has the taxpayer that collections from pay patients will be managed efficiently?

Originally, county hospitals were primarily almshouses for the sick and injured. Admissions were confined to persons who had no other choice in the matter. To enter a charitable institution was equivalent to falling off the bottom rung of the social ladder. Hence, the money spent on these hospitals was destined for a definite purpose, probably free from abuse.

In the meantime, conditions have changed. Government has extended its scope and has become more generous in the services it renders its citizens. Many of our county hospitals are as modern in design and equipment as our leading private hospitals. Occasionally they bear names which tend to conceal the fact that they are charitable institutions. Instead of people entering these institutions only as a last resort, they frequently seek loopholes through which they can "crash gates." Of course, conditions vary in different counties, no two being exactly alike in this regard.

In this connection, county hospitals may be classified roughly as follows:

1. Institutions having mediocre facilities which, because of their nature, do not attract patients who can afford to patronize private hospitals.
2. Institutions having modern facilities, but restricting admissions to indigents.
3. Institutions having modern facilities and maintaining liberal entrance requirements.

The first group is not a source of difficulty. Certain of the smaller counties maintain hospitals which are poorly equipped, and in which the service is unattractive enough to discourage persons who want to "get something for nothing."

Alameda County is typical of the second group. Its hospital for acute medical and surgical cases is strictly modern and offers high-class service. The management, however, adheres to a strict policy of limiting admissions to indigents.

The Kern County Hospital is typical of the third group. Its plant is strictly modern and it renders a service comparable to that rendered by private hospitals. Because of this fact, and also because of liberal admission requirements, the hospital is not restricted to indigents. It is reported that approximately 90 per cent of the hospital patients in this county are in the county hospital, leaving but 10 per cent in private institutions. Although a few patients pay for part or all of the cost of their care, the major part of the burden falls on the shoulders of the taxpayers.

The first two groups are not the subject of controversy at the present time. The latter group, however, constitutes a genuine problem and involves several important questions.

The first question concerns the legal status of the county hospital. One section of the Political Code states that boards of supervisors may operate county hospitals, but this particular section does not indicate what these institutions are to be used for. Another section of the code provides that counties are responsible for the care of indigents and the dependent poor. The exact wording of the law is somewhat vague and doubtless requires clarification.

An attempt has been made, however, to clarify this point by referring the matter to the courts.

In June, 1933, ten Bakersfield doctors filed suit against the Board of Supervisors of Kern County, seeking to restrain it from admitting pay patients to its County Hospital. On October 17, Judge Van Zante of the Superior Court of Kings County rendered a decision enjoining the Board from continuing this practice. His order stated that county hospitals were intended for indigents, psychopaths, habitual inebriates, narcotic addicts, and certain others specified by law. The case, however, has not been appealed to the higher courts, so that a final interpretation of the law is not yet available. In the meantime, other counties have continued to admit pay patients and otherwise liberalize their policies.

In November, 1933, for example, the Board of Supervisors of Stanislaus County passed an ordinance permitting the admission of pay patients to the Stanislaus County Hospital. The present plant is not large enough to accommodate an increased number of patients, and therefore the taxpayers were called upon to finance the construction of additional bed capacity. A bond issue was proposed for this purpose, but was defeated at the polls on December 19.

On November 27, 1933, the Board of Supervisors of San Joaquin County also adopted a similar ordinance. Patients will be admitted to the County Hospital on a full-pay, part-pay or free basis, depending on their financial status. Among other things, the ordinance states "... that there shall be no stigma of pauperism attached to the hospital service provided by the county of San Joaquin, and that such service shall be regarded, supported and utilized in the same democratic spirit which prevails with relation to any other public services operated, supported and maintained by public taxes."

In contrast to the above situation, the Board of Supervisors of San Bernardino County has made it very clear that its County Hospital is to be used for indigents exclusively. First, the Board discontinued the practice of admitting patients on a part-pay basis, which had led to an endless chain of complications. Second, the Board changed the name of the hospital from the San Bernardino General Hospital to the San Bernardino County Charity Hospital. This action on the part of the Board of Supervisors defines in the public mind the true purpose of the institution, and to date has saved the taxpayers in excess of \$100,000.

The conclusion to be drawn from the above-mentioned cases is that public officials do not agree as to the legal status of county hospitals. Practices vary because opinions vary. It appears, therefore, that the source of this confusion should be eliminated by appropriate legislation. If it is the will of the people that county hospitals be used exclusively for indigents, the law should indicate this fact specifically.

Herein lies a second question, namely, what constitutes an indigent. The average American family, for example, being supported from the income of a wage-earner, is generally able to afford moderate luxuries such as an automobile, a radio, confectionery, tobacco, cosmetics, and theater entertainment. Because of this fact, such a family cannot be considered as indigents or paupers. Yet, when this family requires hospital care, it usually has no compunction about seeking admission to the County Hospital to be cared for at

public expense, and to receive free professional service from local physicians and surgeons who donate their services to charity cases. It appears necessary, therefore, to provide a legal definition of the word "indigent" as nearly as this is possible. In any event, each case must be decided individually, but a legal guide would be helpful.

Perhaps the best definition now in use is that employed by the institutions of Alameda County. It is: "An indigent is any person for whom necessary hospital care cannot be provided by himself or his responsible relatives without depriving him or his family of the basic necessities of life." This definition is excellent, and being in capable hands it is operating satisfactorily.

The third question involves the matter of pay patients. Those who advocate operating county hospitals as community institutions, advance the argument that the taxpayers should not object to the admission of patients other than indigents, if such patients pay the cost of their care. Herein lie two fallacies. The first is that pay patients seldom, if ever, pay the entire cost of their care: the charges made usually cover only the actual operating cost. No consideration is given to overhead costs such as capital outlays, interest on the investment, depreciation, loss in taxes, etc. The second fallacy is that public officials are at times careless in collecting accounts receivable. They do not operate on a profit and loss basis. If the accounts of pay patients are not paid, the budget can be balanced through an appropriate tax levy.

In this connection, it is interesting to compare two counties, whose operating policies are similar but whose collections vary widely. According to official reports, San Luis Obispo County collected \$34,336 from pay patients in 1932-33, or the equivalent of 45 per cent of the total cost of operation. Kern County, however, collected only \$6,663 from pay patients, or but 2½ per cent of the cost of operating its hospital. Obviously, the taxpayers of Kern County are bearing too great a proportion of the bill.

The same situation exists in the case of state hospitals for the insane. Although these institutions are designed to serve the public in general, it is interesting to note that last year 86 per cent of the patients were free cases, while but 14 per cent were pay patients. In other words, the taxpayers paid 86 per cent of the bill, although it is a well-known fact that insanity is not confined to the dependent poor.

Perhaps the best solution to the County Hospital controversy is to confine the use of these institutions to providing free care for persons who cannot afford to buy it elsewhere. This was the original purpose of county hospitals, and this social responsibility can still be fulfilled by preserving this policy. The law should be clarified, however, so that there will be little room for opinion.

After the legal status of county hospitals is determined, some means must be developed whereby non-indigents will be discouraged from seeking free care at public expense. It seems inherently human for people to seek something for nothing. Moreover, the gambling instinct causes people to risk the consequences of law violation. Hence, legal requirements are not always a barrier to abuses. It seems that the best barrier would be one which will define in the public mind the purpose of tax-supported institutions.

Certain counties accomplish this by maintaining unattractive hospital service, not because they want to, but because their resources will not permit otherwise. Other counties enforce strict rules and regulations, which are very helpful but difficult to administer. One county, however, has employed a unique device. It has inserted in the name of its general hospital the word "charity." In brief, it has endeavored to impress upon the public mind that the institution is one rendering public charity exclusively. It has been its experience that people will make a strenuous attempt to finance their hospital care themselves rather than to seek charity, since the name of the institution implies this fact.

In conclusion, it appears that a solution to the County Hospital controversy must include, among others, the following important steps: First, the legal status of tax-supported institutions must be clearly defined; and, second, public psychology must be employed to discourage the abuse of tax-supported institutions. The taxpayers, the medical profession, and private hospital administrators should cooperate in the achievement of these ends.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION *

MRS. PHILIP SCHUYLER DOANEPresident
MRS. ELMER BELT.....Editor and Chairman of Publicity

Component County Auxiliaries

Los Angeles County.—The Auxiliary here in Los Angeles County is including in the general spring cleaning, which always afflicts these lovely months, a thorough collecting of all sample bottles and capsules of the vitamin-bearing oils, such as cod-liver combinations. These samples, which descend rather heavily in every physician's mail from time to time, are being gathered from home and office and taken in charge by Mrs. Paul A. Quaintance, who mothered this very excellent idea. Through a Parent-Teacher Association chapter, the guardian of several schools in the city's less fortunate districts, these will be given to the malnourished children for their use in the closing weeks of the school year. The crop of bottles and small boxes already garnered is a lusty one. With little effort and at no expense, these valuable, health-giving oils have been saved and brought to the aid of many needy children.

April's regular meeting was held at the Orthopedic Hospital, where Dr. Charles Leroy Lowman and other staff members graciously welcomed more than a hundred and fifty of our members. Lunch was served in Memorial Hall, with the wives of the staff doctors as hostesses. Dr. H. D. Barnard gave a fascinating talk in which he sketched some of the feats of modern orthopedic surgery, and told stories of the fine fighting courage of the handicapped to win their way to health. Small groups were taken through all the various departments of this beautifully housed and excellently equipped institution. To those whose first visit this was it was an education in medical achievements, to the others a renewing of inspiration gained from the knowledge of the services of scientific medicine.

During the month the Auxiliary's officers, chairmen and committee men spent a delightful day, beginning with a barbecued lunch at the country home of Mrs. Rafe Chaffin on the shore of Lake Sherwood.

MRS. ELMER BELT, *Corresponding Secretary.*

Orange County.—The May meeting of the Orange County Medical Association Auxiliary was held at the home of Mrs. Paul Esslinger of San Juan Capistrano on the afternoon of Tuesday, May 8.

The business session was opened by the president, Mrs. Huffman.

Following the business meeting, Mrs. F. E. Coulter read an account of the history of our organization, which will be sent to the newly appointed state historian, Mrs. Langdon.

* As county auxiliaries to the Woman's Auxiliary to the California Medical Association are formed, the names of their officers should be forwarded to Mrs. A. Elmer Belt, editor and chairman of the Publicity and Publications Committee, 2200 Live Oak Drive, Los Angeles. Brief reports of county auxiliary meetings will be welcomed by Mrs. Belt and must be sent to her before publication takes place in this column. For lists of state and county officers, see advertising page 6. The Council of the California Medical Association has instructed the editor to allocate one page in every issue for Woman's Auxiliary notes.

The members then heard the reports of the various meetings and social gatherings of the convention at Riverside. Reports were given by the following delegates: Mesdames Harry Huffman, G. W. Olsen, E. J. Steen, F. E. Coulter, and G. I. Sellon.

The guests were entertained by a musical program given by Mrs. Hoblitzell, soprano, and Miss Horrell, pianist, both of San Juan Capistrano. Both artists delighted their listeners with their musical ability and the charmingly informal manner in which the numbers were offered.

A delightful tea hour was then enjoyed, served by the hostesses, Mesdames Paul Esslinger, Arthur Robbins, Lawrence Cameron, and F. H. Gobar.

ELIZABETH M. SUTHERLAND, *Secretary.*

San Diego County.—The Woman's Auxiliary to the San Diego County Medical Society received two generous gifts in April for the Crippled Children's Pool Fund. Mr. George Marston, local merchant, donated \$100, and Mrs. Thomas Sharp, Coronado society matron, gave a check for \$50. The Auxiliary plans to raise the total balance in the fund, including these two contributions, to \$300 by the end of June.

A smart benefit musicale was given on April 17, and a benefit bridge has been scheduled for June. The April affair was held in the palatial studio of Mrs. Russell Keeney. Three prominent local artists gave their services for the afternoon: Mrs. Margaret Barkelew Nobles, soprano; Mr. Eugene Price, concert pianist; and Mrs. Ritza Freeman Reardon, literary reviewer. Following their splendid program, refreshments were served to the members and their guests. Others who contributed to the success of the event were: Alice Barnett Stevenson, Frye & Smith, printers, and the Hillcrest Printers.

Members of the Woman's Auxiliary to the San Diego County Medical Society enjoyed a very worthwhile program at the May meeting. The delegates to the state convention at Riverside gave brief reports of each session. The organization was proud to learn that Mrs. Charles Howard had been elected second vice-president of the state, and Mrs. Willard Newman was elected district councilor for the first district. Dr. Lyle Kinney reviewed *Pending Legislations*, and stressed that the Auxiliary's responsibility in the coming primaries was to campaign for legislators who are friendly to measures that will better public health and scientific medicine. The second guest speaker was Dr. C. E. Sisson, County Hospital superintendent, who delighted the group with his talk on *The Origin of Hospital Day*.

ELIZABETH EAGER, *Secretary.*

Amendments to the Constitution of the Woman's Auxiliary to the California Medical Association, Approved at Riverside Annual Session, May, 1934

Article III. Members, Change to read:

Section 1. (a) The membership of this auxiliary shall consist of active, associate, honorary, and members-at-large.

(b) Active membership shall consist of members in good standing in the component county auxiliaries.

(c) Associate membership shall consist of members who are wives of interns, or wives of members of the United States Army and Navy Medical Corps.

(d) Honorary membership may be conferred only by the Board of Directors upon those women to whom a particular tribute is deemed desirable.

Add:

Section 2. (b) Women otherwise eligible to membership whose husbands practice any art of healing not recognized by the medical profession shall be ineligible to membership.

Article V. Board of Directors.

Section 3. Add as sub-paragraph (c) to Section 3. The president of each county auxiliary may attend meetings of the Board of Directors and shall be duly notified by the

secretary of the time and place at which such meeting shall be held. Such presidents shall have neither voice nor vote in the proceedings of the board.

Article VII. Duties of Officers.

Section 2. Add to end of this paragraph:

It shall be her duty to encourage the active organization of county auxiliaries throughout the state.

Section 3. The second vice-president shall be the chairman of the Health Education and Program committees.

Add to this section:

It shall be her duty to outline suggested programs and to assist county program chairmen in developing programs suited to their needs.

Section 4. Change to read:

The recording secretary shall record the minutes of all meetings, and shall perform such other duties as are outlined in the handbook for state auxiliaries, published by the Woman's Auxiliary to the American Medical Association.

Section 5. Add to this section:

She shall present at the annual meeting a report duly audited by an accredited or certified public accountant.

Section 6. Add as subparagraph (b):

The corresponding secretary shall be chairman of Credentials and Registration.

Add as subparagraph (c):

It shall be the duty of the corresponding secretary to send to the national president, immediately following the annual meeting, twelve copies of the list of newly elected officers and members of the state board.

Section 9. Add as:

All duties of all officers shall include the duties of officers as set forth in the handbook for state auxiliaries as revised November, 1933.

Article VIII. Standing Committees.

Section 1. Change to read:

The auxiliary shall carry on its major activities through the following standing committees, the chairman of each of which (unless otherwise provided for in the Constitution) shall be appointed by the president, subject to the approval of the Board of Directors:

- Membership and Organization;
- Health Education and Program;
- Finance;
- Public Relations;
- Public Health Activities;
- Editor and Publicity;
- Hygeia;
- Convention.

Section 3. Change to read:

(a) The duties of the Committee on Membership and Organization shall be to encourage the active organization of county auxiliaries throughout the state.

(b) The duties of the Committee on Health Education and Program shall be to outline programs and to assist the program chairman of county auxiliaries in developing programs suited to their respective needs.

(c) The Finance Committee shall consist of three members, the chairman (appointed by the president), the treasurer and the retired treasurer. This committee shall prepare the annual budget and present same to the board for its approval at the pre-convention meeting, before final submission to the House of Delegates.

(d) The Committee on Public Health Relations shall be the liaison between the auxiliaries and all other organizations. This committee shall foster and encourage all matters looking to the advancement of medical science.

(e) The Committee on Public Health Activities shall seek information concerning public health activities with a view toward coöperating in the promotion of acceptable health measures.

(f) Editor and Publicity. It shall be the duty of this committee to edit the auxiliary department in CALIFORNIA AND WESTERN MEDICINE, and to file all suitable material for the Archives. This committee shall prepare all public notices and articles for the press and shall send duplicate copies of all outstanding items of interest to the national publicity chairman. This committee shall be the custodian of the State Scrap Book and shall prepare all state national exhibits of same.

(g) The Hygeia Committee shall be responsible for subscriptions to Hygeia magazine and shall coöperate in the program outlined by the national Hygeia chairman.

(h) The Convention Committee shall be responsible for the details of convention entertainment and program, and shall work in conjunction with the president in all plans. This committee shall prepare and present for approval at the February meeting of the board a tentative program for the annual meeting. The Convention Committee shall be responsible for all pre-convention publicity.

Article IX. Nominations and Elections.

Section 3. Add as subparagraph (b):

Two or more delegates shall constitute adequate district representation.

Add as subparagraph (c):

If through lack of adequate representation of a district at the annual meeting there is a vacancy in the councilorship, this vacancy shall be filled by the board at its first meeting.

Article X. Delegates.

Section 4. Change to read:

The Board of Directors of each county auxiliary shall elect its delegates and alternates from its active membership list, and shall forward list of same to the state treasurer. Each county auxiliary secretary shall distribute the proper credential cards, which shall have been issued by the state corresponding secretary, to both delegates and alternates, and shall return the duplicates, properly signed, to the state corresponding secretary.

Section 5. Add as:

Vacancies occurring in any county delegation may be filled by the chairman of said delegation.

Section 5, as it now reads, to be known as Section 6.

Section 6, as it now reads, to be known as Section 7.

Article XI. Meetings.

Section 4. Insert as:

The registration fee for all members at the annual meeting shall be one dollar for each member.

Article XII. Dues. Section 3. Omit.

Article XIII. County Auxiliaries.

Section 3. Change to read:

The wives and mothers, adult sisters, adult daughters and adult granddaughters, and the wives of members in good standing of a county medical society (active, associate or honorary) only shall be eligible to membership in the county auxiliary. Women having the degree of M. D. or a degree for any art of healing not recognized by the State Medical Association, shall be ineligible to membership.

Section 8 (b). Change to read:

The fiscal year of all county auxiliaries shall correspond to the calendar year.

Section 9. Change to read:

Names of all delegates and alternates shall be filed in the office of the state treasurer thirty days prior to the annual meeting. The name of the chairman of the delegation shall be indicated.

Section 11. Add as subparagraph (b):

Immediately following each annual election the corresponding secretary shall forward two copies of the list of newly elected officers to the state president.

Standing Rules:

(1) Fifteen days' time from the date of the postmark on the secretary's notice shall be allowed for the return of the ballots.

(2) The nine district councillors shall be the representatives of the state auxiliary in their respective districts, and shall be members of the state committee on Membership and Organization. It shall be their duty to lend all possible assistance for the coördination of the work of the auxiliary, and to visit each auxiliary in their respective districts at least once a year. They shall render to the delegates at the annual meeting a written report of the activities of their respective organizations during the preceding year.

NEVADA STATE MEDICAL ASSOCIATION

D. A. SMITH, MinaPresident
E. E. HAMER, Carson City.....President-Elect
J. N. VAN METER, Las VegasFirst Vice-President
W. H. FROLICH, East ElySecond Vice-President
HORACE J. BROWN, Reno.....Secretary-Treasurer

COMPONENT COUNTY MEDICAL SOCIETIES

WASHOE COUNTY

The Washoe County Medical Society held its regular monthly meeting at the State Building, Reno, on May 8, Doctor Paradis presiding.

The report of the committee, Doctor Harper, chairman, of the contemplated children's clinic was read. The committee recommended a children's clinic to be held at the new Washoe General Hospital. All children applying for treatment to be investigated with reference to their financial status. Treatment to be given to indigent children only. The clinic to be held under the auspices of the Washoe County Medical Society and to work in coöperation with the Nevada

Public Health Association. The main effort of the clinic is to be directed toward the early detection and treatment of tuberculosis.

Next was read a letter from Mrs. F. E. Humphrey, secretary of the Board of Trustees of the Washoe General Hospital, stating that a suitable room would be put at the disposal of the clinic in the new hospital.

A letter from Dr. and Mrs. George R. Smith requesting the presence of the physicians of the society to join with the Woman's Auxiliary at a dinner at their home at 5:30 p. m. on June 12. The secretary was instructed to communicate this invitation to all members of the society.

A communication from Dr. Horace J. Brown, secretary of the Nevada State Medical Society, was read relative to the notices sent out by the secretary of the county society. In part, the communication was as follows: "It has been brought to my notice that a series of resolutions have been proposed to the Washoe County Medical Society regarding references of various changes in the by-laws, etc. The proposer of these resolutions cannot do this legally by reason of the fact that he is not a member of the state society, having been suspended for non-payment of dues April 1, 1933. The Washoe County Medical Society is a component part of the Nevada State Medical Society and a member of the county society is automatically a member of the state society by the payment of county and state society dues." Under the circumstances which showed that the notices were out of order by reason of the fact that the technical point required membership in both county and state societies, the matter was ordered laid on the table.

The business of the evening being finished, the speakers of the evening, Doctors Byron H. Caples and J. Park Tuttle, were called upon to present their papers. Doctor Caples' paper on *Hematuria* was most excellent and well received. His first sentence is epigrammatic. "Hematuria is a symptom, not a disease." In enumerating some of the known causes for hematuria, Doctor Caples cited the following:

"1. Blood conditions such as hemophilia, purpura, jaundice, leukemia, and scurvy.

"2. The acute fevers such as scarlet, typhoid, malaria, and smallpox, and certain drugs such as urotropin given in large doses or over a long period of time. Also turpentine and cantharides.

"3. Certain nervous diseases, as tabes, multiple neuritis, and hysteria.

"4. In the kidney: trauma, nephritis, stone, tuberculosis, syphilis, tumors, embolism, and infarct, thrombosis of the renal veins, aneurysm of the renal artery, varices, arteriosclerosis of the renal vessels, chronic passive congestion, bleeding from the sudden emptying of a distended bladder, hydronephrosis, pyelitis, and movable kidney. There are still others. One I should like to mention, calcium oxalate showers, which may produce a fairly brisk hematuria.

"5. In the ureter: trauma, stone, tuberculosis, neoplasms, varices, ureteritis, and stricture.

"6. In the bladder: trauma, neoplasms, cystitis, stone, tuberculosis, varices, ulcer, and parasitic diseases.

"7. In the prostate: trauma, hypertrophy, neoplasms, stone, and infection.

"8. In the urethra: trauma, urethritis, stone, and neoplasms."

In conclusion, the doctor spoke of the relationship between hematuria and newgrowths. Quoting from a recent paper by Rathborn of the Long Island City Hospital, "In fifteen hundred urological patients applying for treatment, two hundred and three were hematuria. In this group there were one hundred and six cases of tumor, eighty-eight of which were malignant." The concluding thought of the paper was in 50 per cent of all cases with involvement of the genito-urinary tract, hematuria is produced by tumors and the greater part of the tumors are malignant.

Doctor Tuttle followed with an x-ray exhibition of many various and anomalous types of the ureters.

Also exhibited many specimens recently removed of kidney and prostate and vesical stones. He made a running comment on pictures and specimens, all of which was appropriate to the cases cited.

Following this, the society was entertained by cinemas furnished by Davis & Geck, suture manufacturers, of Brooklyn, New York. The cinemas were works by Londsley and Young, showing the technique of perineal prostatectomies. Also a cinema showing the use of the ribbon suture in closing wounds of the kidney for various types of stones removed. The society tendered its thanks to Messrs. Davis & Geck for their courtesy in lending the films for exhibition.

THOMAS W. BATH, *Secretary*.

So-Called Thymic Death.—Waldboott studied the pathologic changes in twelve cases of what has been termed "thymic death," four of which occurred during ether anesthesia. He observed features that indicate a marked resemblance to anaphylactic death as it is observed following injections of pollen and serum. He has collected a series of cases of human anaphylactic shock following the administration of substances other than protein and demonstrated that any substance which produces allergic symptoms, whether it contains protein or not, may also produce human anaphylactic shock, provided three conditions are fulfilled: an extreme degree of sensitivity, a dose above the patient's tolerance, and a rapid absorption of the antigen. The clinical manifestations are the same, no matter what the material that causes the shock. He believes that the best known evidences of sensitization to cocaine, procaine and similar chemicals are cutaneous manifestations, particularly in the form of contact dermatitis and urticaria. The author concludes that all allergic patients to be operated on should be tested for the anesthetic which is to be administered, and that a clinical test consisting of the inhalation of the general anesthetic or a previous administration of the local anesthetic, well diluted, should be made. A conjunctival test consisting of the application of a diluted solution of the local anesthetic into the conjunctival sac may aid in the discovery of sensitization. With a local anesthetic, special caution should be exercised to prevent an accidental intravenous injection. With the exception, perhaps, of the synthetic ephedrine, there is no drug known at present that prevents anaphylactic shock other than epinephrine. Such drugs should be given with every application of a local anesthetic. The retardation of the absorption of the anesthetic through its vasoconstrictive action, as well as the ability of epinephrine to counteract the basic lesion of anaphylaxis, namely, capillary dilatation, accounts for the beneficial effect of this drug in anaphylaxis.—*Archives of Otolaryngology*.

Thyrototoxicosis.—Bogart states that all nontoxic goiters requiring treatment for cosmetic reasons or because of pressure should be treated surgically. Nontoxic adenoma in persons more than thirty years of age is best removed surgically on account of the chance of malignant change. Malignant thyroids are best treated by radiation alone. Toxic adenoma can be cured by irradiation, but is best treated by surgery because of the quicker results. Mild and moderately toxic goiters are easily and efficiently treated surgically because results can be more quickly obtained, but it should be remembered that these cases can also be treated by radiation and that in many of them equally good end-results are obtained. When associated diseases or economic or social reasons make operation inadvisable, a four months' trial of radiation is justified and gratifying results are often obtained. In extremely toxic cases in which operation would endanger life, irradiation will often prove effective in clearing up the symptoms, and when a cure cannot be produced the case may be rendered operable. Irradiation is justified in patients who refuse operation.—*Tennessee State Medical Association Journal*.